8

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

8611

08545 Reg. Dist. No.

	-		T						
1. PLACE OF DEATH a. COUNTY Wild									
b. CITY OR TOWN (RURAL ond give no Fruitle		write c. LENGTH OF STAY	IN 1b	Fruit]	If outside corpo	rate limits, write F	nearest tow	arest town)	
OR INSTITUTION	AL (If not in hospital, giv	e street address)		d. STREET ADDRESS				ON	SIDENCE A FARM?
	ridge Rd.			*	1			1.50	1,100
NAME OF DECEASED (Type or print)	First OAN	WESTHEAD		TKINSON	4. DATE OF DEATH	7		Day 31	Year 19 60
5. SEX	1	MARRIED NEVER MARRI		Sept. 21,19	922	9. AGE (In years last birthdoy) 37 yrs.	Manths Doy		_
Ou. USUAL OCCUPATION during most of work housewill	ing life, even if retired)	own home	OR INDUST			ountry)		OF WHAT	COUNTRY?
3. FATHER'S NAME	Alexand			14. MOTHER'S MAIDEN	NAME				
John Wes									
	R IN U. S. ARMED FORCI (If yes, give wor or dotes of serv			Samuel C. A	tkinson	, Staton			
Conditions, if o gove rise to i cause (o), stoting lying cause lost.	mmediate DUE TO	Carcu	m	a lire	ant	4			
PART II. OTH	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART 1(PERF	AUTOPSY ORMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury i	in Port I or Por	t II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year	20d, INJURY OCCURRED While Not while at work of wark	20e. PLAC	E OF INJURY (Home, for ry, street, office bldg., o	orm, 20f. (City	or town)	(Cour	ity)	(Stote)
21. I certify the	at I attended the o		death o	, 19 8, to	M, from	3/, 1940 the causes ar	nd an the d	ate state	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Phil. D	A Insle	M	Salis	bury,	mary	and.	8-	1-60
270. BURIAL, CREMATIC REMOVAL (Specify) BURLAL	8/2/1960	St Gol	ETERY OR	emelly	22d VOCA	Mane	pr caunty)	res la	and
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRÉSS		2/a. RE	C'D BY REGIST	'RAR 24b. REG	STRAR'S SIGNA	Sugar.	

Particular - a and the second . The state of the The second of the second A months and the particular of the particular and t

FOR STATE TO DEFOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a constant, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form RM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 2

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8613 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08546

	PLACE OF DEATH				CE (Where deceased lived,	f institution: Reside	ince before edmission)
			MARYLAND	a, STATE	b, col		
-	b. CITY OR TOWN (if outside corporate)	tante /	c. LENGTH OF STAY IN 15	CITY OD TOWN	laryland If outside corporate limits, wr	Wicom	100
	write RURAL and give nearest town)	emus,	C. LENGTH OF STAT IN TO	c. CITT OK TOWN	if outside corporate limits, wr	ite KUKAL and give	nearest town
	Nanticoke		life	X Nont	icoke		
Nanticoke d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STRE			d. STREET ADDRESS	TCOVA		. IS RESIDENCE	
							ON A FARM?
	wawa ca		No.				YES NO Y
3.	NAME OF FI DECEASED	irst	Middle	Last	4. DATE Mor	th Day	y Year
	(Type or print) Robert	দ্ৰী:	lton Bar	iklev:	DEATH 7.	28-60	19
5.	SEX 6. COLOR OR RA	CE 7 MARRIED	Helia W WAR	. DATE OF BIRTH		IF UNDER TYEAR	IF UNDER 24 HRS.
			are _		last birthday	Months Days	Hours Min.
_	M G	WIDOWED		5-9-1906	54		f
10a	 USUAL OCCUPATION (Give kind of working life, even if re- 		ID OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State	or foreign country)	12, CITIZEN	OF WHAT COUNTRY?
			afood	Month	bee	US	A
	Naterman FATHER'S NAME	. 73.6	alou	Maryl 14. MOTHER'S MAIDEN	NAME	0 0	Α
					11		
		Barckl		Matilda			
15.	WAS DECEASED EVER IN U.S. ARMED F. s, no, or unkown) (Ifyesgive war or dates	ORCES? 16. S	OCIAL SECURITY NO. 17. 1	NFORMANT	Addre	\$\$	
			2 7/ 20/0	174.0- D7	Jane Wandel	-1 Ma	
-	18. CAUSE OF DEATH [Enter only of	na causa nas Ga	7-16-7868	MILE LEGIT	ine- Nantic		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY		a for fall foll and felt				NSET AND DEATH
	IMMEDIATE CAUSE	(a) T	rowning-				Sudden
	O S O N DUE						—
	Conditions, if any, which	(b)				-	
	(a), stating the underlying DUE	ro					
	cause last.	(e)					
z	PART II, OTHER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION G	VEN IN PART I(a)	19. WAS AUTOPSY
OF.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						PERFORMED?
3			_				YES NO
CERTIFICATION	208. EXTERNAL CAUSE WAS	205. DESCRIB	E HOW INJURY OCCURED. (I	inter nature of injury in Par	rt I or Part II of item 18.)		
8	PRIMARY E) or CONTRIBUTING [17A1	1 Cuam bank	sales Ta esta	to do so on		
7	20s. TIME OF INJURY Month, Day,			While Ils		(County)	202-4-5
MEDICAL	Hour a.m.		Not While fact	ory, street, office bldg., etc	.) 201. [City of lown]	(County)	(State)
MEL	A. M.p.m. 7-27			ticoke Riv	er h	licomice	Md.
	21. I certify that I took charge			Alleren			in my opinion
				Company of the Compan	The second second		o m my opinon
	death resulted from: Natural	causes,	Accident X , Suic	ide , Homicide	Undetermined	manner	
	EV	1 0-		- CHIEF MEDICAL	EXAMINER		
	ACTUAL	L Ver	~ /	ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
	SIGNATURE		X	M.D.			
	EXAMINER'S	1			L EXAMINER	8-1-60	
	NAME (Type) Earl L.	Royer	M. D.	Add & Tree	anden vave.	Salishu	ry. Md.
22a	BURIAL, CREMATION, 226. DATE THE	REOF 2	ZE. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (CITY, fow	n, or country)	(State)
	REMOVAL (Specify)						
-	- Burstell 7-31-	-60	Vanticoke Ge	metery	Nantiook	MA GISTRAN'S SIGNA	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23.	FUNERAL DIRECTOR	1303	Salisbury	Md - 248. REC			
	Thornton B. Jol	гтей	parraour, 3	DATE AL	16 9 '60	Inthon S. Ku	LIVE.

The state of the s SET THE PERSON OF THE PERSON O seimoli Empani opline, Y p No a Zimak THE TANK THE 7718-201 137 FEE alia 6001-0-2 A & U | Don't and Don't and application to the design to the state of th the command -- still -- still Deby-co-Tail -setimental The treet boot this random. . With a thing of the start of New Lat - Jackson Bondson Constant Control of British Control of the Control of t

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8564

CERTIFICATE OF DEATH

08547

L				Reg.	Dist. No.
5	o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where de	b, COUNTY	dence before odmission)
	b. CITY OR TOWN (If autaide corporate limits, write RURAL and give nearest fown) Md.	6. LENGTH OF STAY IN 16 Weeks	Sharptown,	carporate limits, write RURAL as	nd give nearest lawn)
	d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION HILL NURS	oddress) ing Home	d. STREET ADDRESS Main St.		e. IS RESIDENCE ON A FARMY YES NO
3	NAME OF Edna First (Type or print)	Pearl Middle B	ennett"		Day Year 1960
5	E 6. COLOR OR RACE 7. MAR Whit Widow		8. DATE OF BIRTH NOV 30, 1892	lost birthdoy) Month	DER 1 YEAR IE UNDER 24 HRS. Days Hours Min.
)	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Own Home	SUSSEX UC		U. S.
1	George S. Phillips		14. MOTHER'S MAIDEN NAME Gazie Hito	:h	
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	None 17.	Mrs. Virgil I	avis Salist	oury, Md.
440000	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	PISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I	or Part II of item 18.}	
100000	20c. TIME OF INJURY Month, Day, Year 20d. While the p. m. 19	Not while for	ACE OF INJURY (Home, form, 20)	f. (City ar town)	(County) (State)
	21. I certify that I attended the decear alive an 7.7, 1999 ACTUAL SIGNATURE WILBUR R. EL PHYSICIAN'S NAME (Type)	LIS JR.	m.b. Sales.	from the causes and an ESS (Street, city or town, state)	DATE SIGNE
	20. BURIAL, CREMATION, 226. DATE THEREOF 7-9-60	22c. NAME OF CEMETERY OF	À	harptown, Inc	2.1.
2	Smith Funeral Home	Sharptown,	Md . DATE JUL 1		4.0

may be proined by the haspital or attending physician.

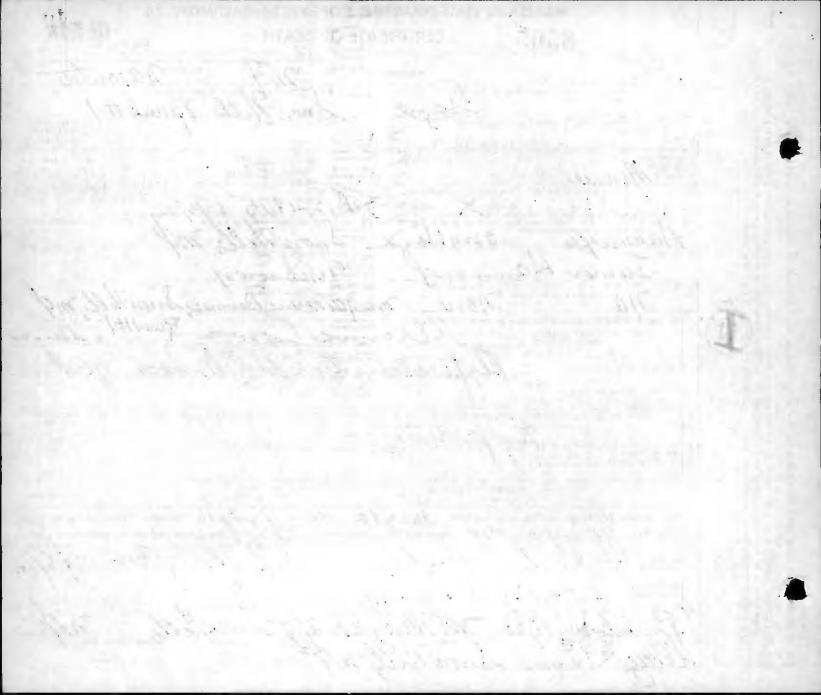
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attended carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to buriol, cremation, ar removal, and in any event within 72 hours often agoth

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

is offer death. Page 4

TO HOSP VS A15 (4) 15M 9/\$5 and the second s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



may be retained by the h. > FUNERAL DIRECTOR: A page 3 shauld be depage 0

certificate

death

VS A15 (4)

22c. NAME OF CEMETERY OR CREMATORY **ADDRESS**

2 0 '60

(State)

20. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, lown, or county)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify Surio

23. FÜNERAL DIRECTOR'S SIGNATURE

Carried and the same of the sa and the section of the party of the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

director,

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death o attendi

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certificate

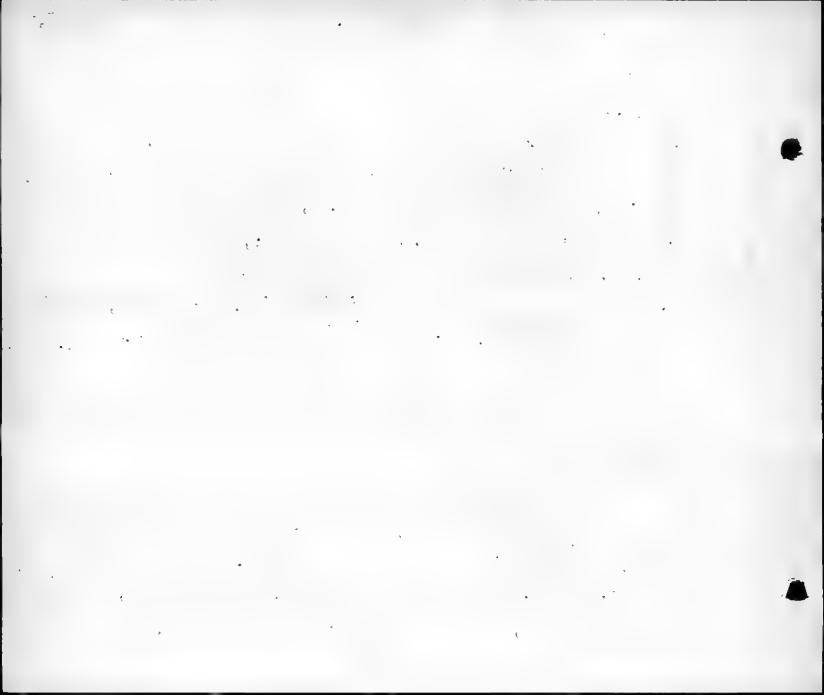
9

physician



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director funerol he 20 c Filled cample pup ë physic Buip paudis FUNERAL DIRECTOR: tained



15M 9/59

8569 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico MARYLAND Marvland Wicomico b. CITY OR TOWN (if outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Salisbury Salisbury (Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO Pen Gen Hospital NAME OF First Middle Last 4. DATE Month Year Day DECEASED OF ALBERT JOHN (Type or print) BURTON DESCRIPTION JULY 19 60 6th JE LINDER 1 YEAR JE UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Dec. 20.1871 DIVORCED | Male WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11.

during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Soft Marvland Retired Drink Bottler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Mumford Orlando Burton IT HAT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Ruark (Son-In-Law) No Salisbury Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underly no couse lost WAS AUTOPSY PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? YES NO X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) SAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg , ell | g. m. While Not while N/A ot work at work p. m. 19 60, that (1) (we) last 21 1 certify that (1) (this haspital) attended the deceased fram M, effort the causes and on the date stated above 19 60 and that death occurred at saw the deceased alive 22° SIGNATURE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS PHYS 1960 M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. O.J Burton Maryland Ave. Salisbury Marvl BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Cemetery Salisbury, Maryland 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR DATE JUL 1 5 '60 Children B. France HOLLOWAY & COMPANY - SALISBURY



Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) PLACE OF DEATH y is necessary, I director. Page or your files. a. COUNTY Wicomico b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CUTY OR TOWN (If outs de corporete limits, write RURAL end a ve nearest town) ould be executed within 24 hours after death. If any ay is nece "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Office along with form PM3. Page 5 may be retained for your burial-transit permit. File pages 1 and 2 with the State Board or noval, and in any event within 72 hours after death. write RURAL and give neerest town] Salisbury Parsonsburg (Rural) S. Houte# 13 (Delmar Road)
D. G. A. Pen Gen. Hospital . IS RESIDENCE ON A FARM? R.D.# 2(Walston NAME OF First M ddle DATE DECEASED 1960 (Type or print) ERVIN TEE COPPIN Y.TUT. 21st DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8 DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Salisbury, Maryland None - School Boy None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Thomas Coffin Georgianna Hobbs 16. SOCIAL SECURITY NO. W. INFORMANT Mr. George 6. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, or unkown) (If yes give war or datas of service) Thomas Coffin(Father) R.D Parsonsburg, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART J. DEATH WAS CAUSED BY: CTURED SKUL IMMEDIATE CAUSE (a) Dmin **DUE TO** removal, "pending" gave rise to immediate cause ø the certifizate, writing the word "pending" rwarded to the Chair Medical Examiner's DUE TO (a), steting the underlying 28 ö cause lest pesa cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 YES NO X shoul 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) CLILISION AND lease ... the certifierte, writing should be forwarded to the Chief should be forwarded to the Chief Puneral ment, prior is built 20c. TIME OF INJURY 2Dd. INJURY OCCURRED # 20e, PLACE OF INJURY (Home, farm, 1 20f., (City or lown) Month, Day, Year (Stete) factory, street, office bldg., etc.) at work at work HIGHWAY # 13 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry K and in my opinion death resulted from: Natural causes Accident 14 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Col ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER [7] NAME (Type) Dr. Earl L. Rover L 407 Camden Ave Salishury Maryland July 35/ DEP. 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spec (y)
Burial 24.1960 Wicomico Memorial Park Salisbury, Marylland O 4 🔳 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME HOLLOWAY & COMPANY SALISBURY MARYLAND 5M 7/59 DATE JUL 2 6 '60 arthur S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

e IS RESIDENCE ON A FARM?

YES 🗍 NO 🕰

(State)

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burial-transit

requires that the death certificate be

after death. Page

DECEASED

CITY OR TOWN (If autside carporate limits, write

*	
Wicomico	MARYLAND 2. USUAL R

ESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY A OR TOWN (If a tside carporate limits, write RURAL and give nearest town)

RURAL and give nearest town) days Salishury d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS Head State Hospital

c. LENGTH OF STAY IN 16

Middle

YES TO NO IN Year

disease

(Type or prim)	<u>C.</u> [1]	IIIer		Confact		DEATH	o u.	T.y	74		1900
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 🔀	B. DATE OF BIRTH			9 AGE (In years	IF UNDE	R 1 YEAR	IF UNDE	ER 24 F
FEMALE	Colored	IWIDOWED I	DIVORCED [7]	DEA 1 19	08		last birthday)	Manths	Days	Haurs	Mi
EMINIE	Ceroland	THIDOMED [- BITORGED []	PURE, I, II	00		3/2 7º	<u> </u>			
Da. USUAL OCCUPATIO	ON (Give kind of work i	dane 10b. KIND	OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or	fareign co	zuntry)	12.CH	TIZEN OF	WHATC	OUNT
during mast of war	king life, even if retired	1 12.	. 1	11 00.		1 . 1	1		110	20	
Cook			STAURANT	t IIIR	RUI	ANO			U.3	i.It.	
3. FATHER'S NAME				14. MOTHER'S MAID	EN NAA	ΝE					
^ .					*		ATT .				

15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16 SOCIAL SECURITY NO.

CAUSE OF DEATH [Enter only one cause per line for (a), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Recurrent cerebral thrombosis **DUE TO** Hypertensive arteriosclerotic cardiovascular Years

Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the under-Arteriosclerosis, general lying cause last,

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED {County} factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at work

21. I certify that (I) (this haspital) attended the deceased fram.___ 20PM, fram the causes and an the date stated above. saw the deceased alive an July 14, 19, 60, and that death accurred of

22o SIGNATURE urruan SIGNED

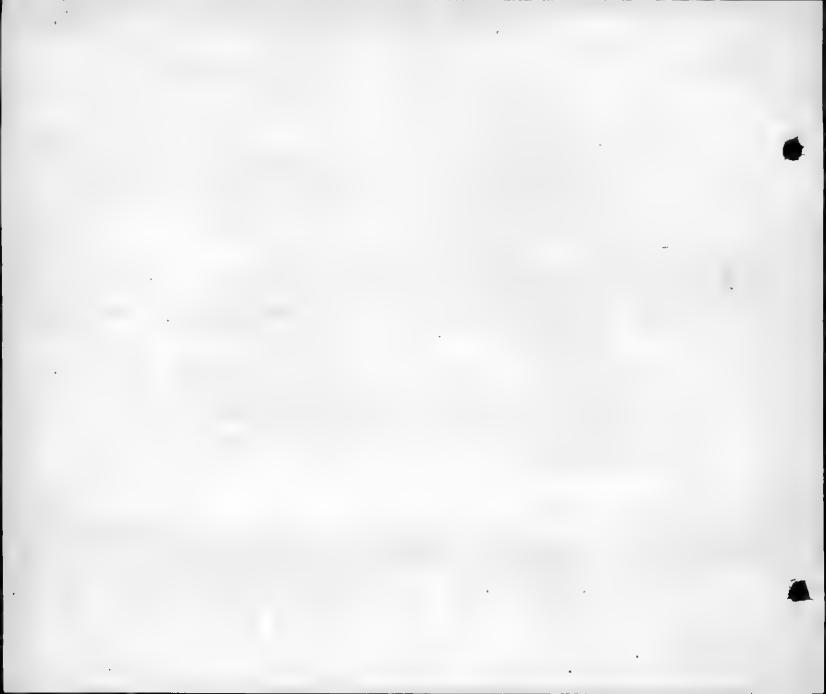
22c PHYSICIAN'S 22d. ADDRESS Juerman, M. NAME (Type)

Head State Hospital, Salisbury, Md. NAME OF CEMETERY OR CREMATORY 23d AOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE 25g. RECID BY REGISTRAR

TO FUNERAL DIRECTOR: After page 3 should be detached for

the



certificate



VS A15 (4) 15M 9/5B

CERTIFICATE OF DEATH

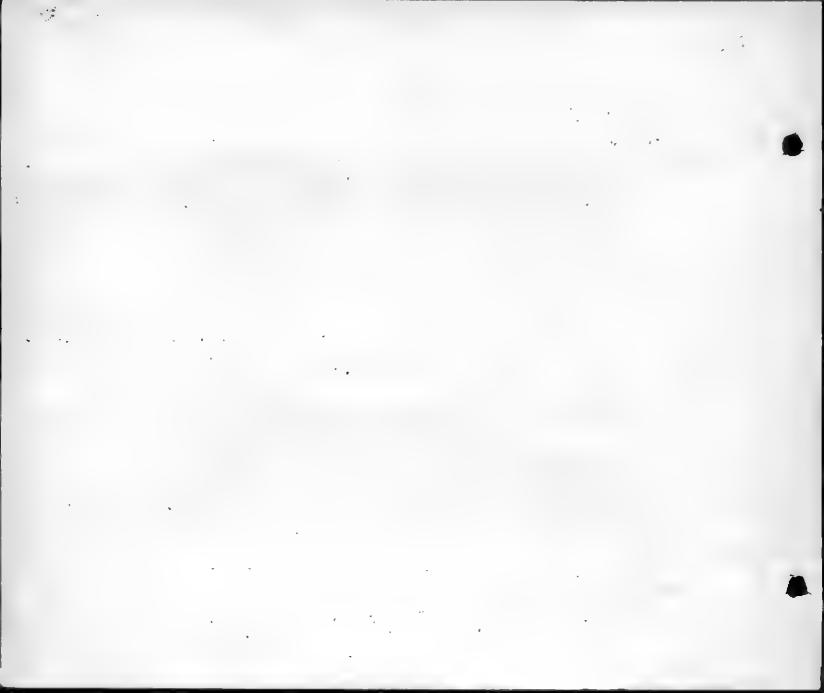
08556

Reg. Dist. No.

	- · · · · · · · · · · · · · · · · · · ·	
	COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY W/C O M / C O
Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d	OR, INSTITUTION A. NAME OF HOSPITAL (If not in hospital, give street address) OR, INSTITUTION A. N. J. Sula General Hospital	STREET ADDRESS O. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
D	VAME OF DECEASED Type or print) MARTHA Middle	Cur with Seath Sulu 13 19 60
5. 51	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [B. DATE OF BIRTH 9. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS 15 Jurithday) Wanths Doys Hours Min
10a.	during most of working life; even if retired) DWN Home	MARY BROWN 12. CITIZEN OF WHAT COUNTRY?
13. F	George W. TAYLOR	MARGARET ANN TNGERSOIL
15 V (Yes,	WAS DECEASED RIFE IN U. S. ARMED FORCES? 6. SOCIAL SECURITY NO (1) yes, give war or dates of service)	MR Lebrge R. Cummings Baltimore
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUÉ TO Conditions, if any which gave rise to immediate couse (a), stating the under- lying cause lost. (c)	A. tee Millitie
CERTIFICATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
- 1	21. I certify that I attended the deceased fram	1960, to 7/23, 1960, that I last saw the deceased the accurred at \$120 M, from the causes and an the date stated above.
	ACTUAL SIGNATURE 11/14/33 Smith	ADDRESS (Street city or town state) DATE SIGNED M.D. 73/6
	PHYSICIAN'S WM, 13, Smith Me	edical Center
	BUR AL, CREMATION. 226 DATE THEREOF STORME OF CEMETERY PROVAL SPECIFIC 7-24-60 STORM	Lemerery Silvam, MARY/ANO
23. F	FUNERAL DIRECTOR'S SIGNATURE	26. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 1111 2 6 '60 Carling S. Kroma



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

08558

the funeral 54 in b campletely filled Pages 1 hours after death puo carbon 2 physician remove even attending please any the permit. removal peen sign≡d nay be retained by the hospital or attending physicion. FUNERAL DIRECTOR: After this certificate has been si burnal-transit Б cremation, os the detached far Health ď å Board 3 shauld 01

VR A15 (4)

15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE

H. James Jr. Princess Anne Md

William

25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR Circhar & Kraus DATE AUG 1

8575 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY b. COUNTY MARYLAND Wicomico Marvland Somerset CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Westover days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Deer's Head State Hospital YES NO Middle 4. DATE Month DECEASED THOMAS JOHN DOANE DEATH July 28 (Type or print) 60 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Hours Male DIVORCED [7] Colored WIDOWED K K 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Self Employed Employed Farmer Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Semuel Henry Doane Millie F Hargis U. S. ARMED FORCES? 17 INFORMAN Address 16. SOCIAL SECURITY NO. Maggie Hitch. Westover . Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypertensive arteriosclerotic cardiovascular dis-**DUE TO** Arteriosclerosis, general gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? Right hemiplegia due to cerebral thrombosis YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port f or Part fl of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while at work at work 21 I certify that (1) (this haspital) attended the deceased from. July 20 19 60 10 July 28 1960, that (1) (we) lost saw the deceased alive on July 28 19 60, and that death accurred at_ _ M, from the couses and on the date stated above 7:05 P.M. 22o SIGNATURE Hipruan ATTENDING STAFF PHYS. M.D. DIRECTOR -22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Deer's Head State Hospital; Salisbury, Md. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION. 23d LOCATION (City fown, or county) (Stote) John Weslev Cottage Grove Md

ا بردلاند در

requires that the death certificate

by the haspital ar attending physician

reformed

Corstrol Aromitoria 1 del 1 servicion 1 che 1 che

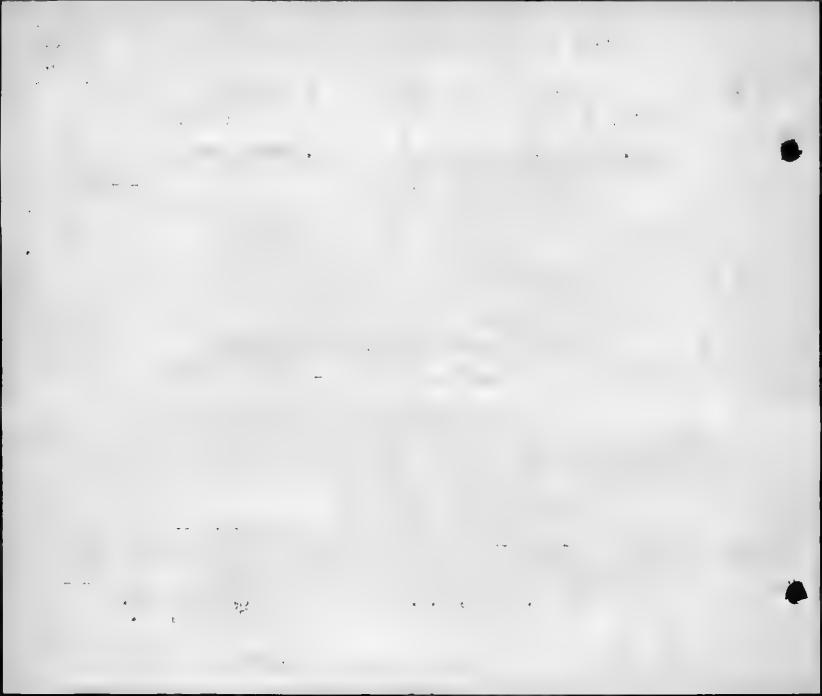
Feet Laury

an ay is necessaring the funeral director. Page refained for your flee, he State Board of Latth, may be retained 2 with the State R Tills certificalls should be executed within 24 flours after death. If a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the dical Examiner's Office along with form PMA Page 5 may be read to be used as a burial-transit permit. File pages 1 and 2 with the united as a burial-transit permit. File pages 1 and 2 with the united by a second and in any event. Medical Examiner's plnous sase execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s 0 prior agent, designated DE 240 g

VS. AISME 5M 7/59

WEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution, Residence before admission) a. COUNTY e. STATE **b.** COUNTY MARYLAND c. CITY OR TOWN (If oblision corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporate limits, e. LENGTH OF STAY IN 16 write RURAL and give negrast town) Fruitland
d NAME OF HOSPITAL OR INSTITUTION (II not in hospitel give street address) Pruitland TREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Lukes Road 3. NAME OF Lukes Road Middle Month Year DECEASED (Type or print) DEATH Fields 7-7-6 5. SEX 9. AGE (In years IF UNDER YEAR 8. DATE OF BIRTH IF JNDER 24 HRS. 7. MARRIED DE NEVER MARRIED last birthday) Months Hours WIDOWED" DIVORCED 3 yrs. TAL OCCUPATION (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S HAM 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. I (Yas, no, or unhown) (linesque perordetesofservice)! 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) -Acute congestive heart failure Sudden DUE TO Conditions, fany, which Hypertensive cardio-vascular disease (b) Years gave rise to immediate cause **DUE TO** (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8 19, WAS AUTOPSY PERFORMED? NO X 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Sinte) fectory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Y Inquiry Y and in my opinion Undetermined manner death resulted from: Natural causes Y Accident [Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER IV 7-7-6 **EXAMINER'S** NAME (Type) Address (Street, city) 1997 or Guntad on OF CEMETERY OR CREMATORY 22 BURIAL CREMATION. (State) REMOVAL (Specify) GONERAL DIRECTOR 24n. REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE arthur & Kenne



ofter death. Page 4

ked within 24 h

8614

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 tem 8 Film 6269 8-2-f J et
CERTIFICATE OF DEATH

_	002 4				Reg. Dist. N	92511
	PLACE OF DEATH *	, ,	2. USUAL RESIDENCE (Whe	ere deceased lived. If institut	ionn Residence be	ore admission.
	a COUNTY	//MARYLAND	O. STATE	b. COUNT	Chr.	
-	LI ECLIFICE		1110		Cle, re	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	etside corporate limits, write	RURAL ond give n	earest town)
	Leconeco	tilo	X // 11 mil	Les		
-	d NAME OF HOSPITAL (If not in haspital, give street	address)	d STREET ADDRESS	1	- 1	e IS RESIDENCE
	OR INSTITUTION			1 /1 7	~/	ON A FARM?
L	Y		1 15 22 1	2 Hillmit	02110	YES NO
3.	NAME OF FUSI	Middle	A. J Lost	4. DATE Mo	nth [Day Year
	OECEASED (Type or print)	1. Still	1 .60	OF DEATH	7 51	196.00
-	/= - / - / - / - / - / - / - / - / - / -	Jelly -	MAKE.		IE INDER I VEA	RIF UNDER 24 HRS
3.	SEX 6. COLOR OR RACE 7. MARR	VED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last bightday)	Months Days	
1	The / car widowi	EÓ 🔀 DIVORCED 🔲	2-20-101	P1887 / 3 YIS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	. USJAL OCCUPATION (Give kind of work done 16b.	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State of	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	during mast of working life, even if retired)	200	11. T	- and	-72.S	H.
	Marrison	/ /	Lill or the	eco of no	0000	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME ()		
	to toda Citale		Marreil	Kledill		
15		SOCIAL SECURITY NO.	INFORMANT	Ad	dress ,	
(Y	(If yes, give wor or dates of service)	h 10 2021	Tout !	3 177777	o he sh	1
	1 CC TO	X=12-22/10	Sec 14. mic	4 11/24	C. 1 LL 1 X	
	18/ CAUSE OF DEATH [Enter only one couse per lie	ne for (o), (b), and (c)]			IN	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	rebool WOL	cular occi	dent	0,	to esera
	DUE TO	<u> </u>			-	
	16.		feriosoles	a/s		16week
	Conditions, if any, which	ecorne as	yer overe	-eouco		7
	gave rise to immediate DUE TO					
	lying couse last.					
Z	PART II. ATHER SIGNIF CANT CONDITIONS O	ONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	VEN (N. PART 1(a)	19. WAS AUTOPSY
CATION	2.0-6-					PERFORMED?
Ď	House J.					YES NO
Ē	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Port II of item 18.)		
CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
¥	20c TIME OF INJURY Month, Day, Year 20d III	NJURY OCCURRED 20e PI	ACE OF INJURY (Home, form,	20f (City or town)	(County	(Stote)
MEDICAL	Hour o.m. While	_ Not while _ fo	ictory, street, office bldg., etc.)	1 2017 (017) 01 101111	(4.0011)	(51010)
×	p. m. 19 of wor	k at work		<u> </u>		
	21. I certify that I attended the deceas	ed fram	19.57 to	uly 2/ 1000	that I last so	w the deceased
	. () - 97		1-12	- 1		
	alive an 196	O, and that death		M, fram the causes a		
	1 Milas	no.	2	DWRESS (Street, city or towe	stole)	DATE SIGNED
	SIGNATURE OLL	CZ	M.D. 303 COST	Sweet &	Tellera	1-7-22 6
	- 4	1-1-1		f		/
	PHYSICIAN'S NAME (Type)	ren				·
22	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	O COEMATORY	22d JOCATION (City town,	or country	/State)
1	CREMOVAL (Specify) 7	1 5.1 - 1. 1.	The Chamalout	10/2 × 10 K	h .	- *
1	derick. 1-25-60	Head &	sect.	remeday C.	N	74 .
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	8111	BY REGISTRAR 246. REG	ISTRAR'S SIGNAT	
1/	Frakly Mit Will	Lake Stl Sal	isbury, MAR JUL	T. 00 /	wind it The	à
4						

R ATTENDING PHYSICIAN: The law requires that the death certificate be TO HOSPI VS A15 (4) 15M 9/58



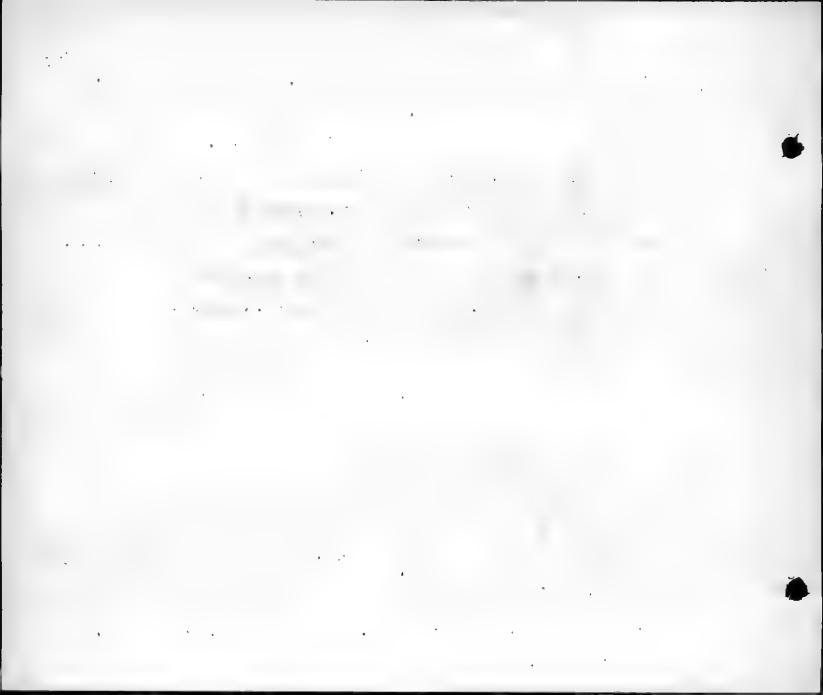
certificate



physician

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

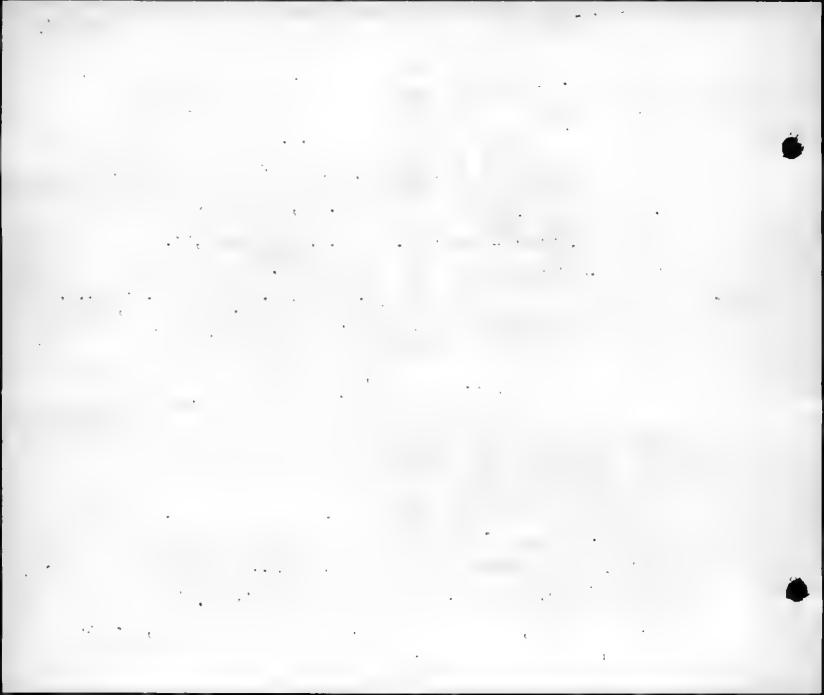




VS A15 (4) 15M 9/58

8580	STATE DEPARTMENT OF HEALTH—BALTIM	
0000	CERTIFICATE OF DEATH	Reg. Dist. N. 8565

	1. 1	LACE OF DEATH LOUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased five a STATE Maryland.		e before admission) Omico
	1	CITY OR TOWN (If autside corporate limits, write RUSAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate Salisbury (ve nearest tawn)
		NAME OF HOSPITAL (IF not in haspital, give street of OR INSTITUTION	dodress)	d. STREET ADDRESS R.D.#1 Mead	ow Bridge	P. IS RESIDENCE ON A FARM? YES NO
	- 1	NAME OF PIECE ASED Type or print)	LEROY +	AS LINOS - SPEATH	Manth 7	7 19(0)
	5. 9	EX 16. COLOR OR RACE 7. MARR	HED NEVER MARRIED	Aug. 18,1901	The Little County of the Count	YEAR IF UNDER 24 HRS. Days Hours Min
	100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)				EN OF WHAT COUNTRY?
1		esident-Gen.Manager-S	Shovox Co,	R.D.# Salisbur	y, Md. U	S A
	13.	Thomas N. Hastings		14. MOTHER'S MAIDEN NAME Alice M.Goslee		
	16	WAS DECEASED EVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO.		A dalance	
)?	no, or unknown) (If yes, give wer or dates of service) Unk	Me.	r.Stanley L. Hasti adow Bridge Rd.	ngs Jr. (So: Salisbury	n)R.D.# 1 Maryland
		1B. CAUSE OF DEATH [Enter only one cause per lin	is far (a), (b), and (c) }	or lie Inforation	(2)	ONSET AND DEATH
		IMMEDIATE CAUSE (o) DUE TO	Posito	MANUEL OR SUCCES		Table
		Conditions, if any, which) (b)		, day		
		gave rise to immediate cause (a), stating the under-lying cause last.	texioscheral	the Heart Nesse	axe)	?
	O	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	NDIT ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	ICAT					YES NO NO
	L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II o	if item 18.)	1
	MEDICAL	Haur a.m. NT/A White	Not while at wark	ACE OF INJURY (Hame, form, 20f. (City or close, steet, affice bldg., etc.)	N/A	zunty) (State)
		21. I certify that I ottended the deceose	ed from. 7/3	1960 ja 7/17	, 19_6Ohat I los	t saw the deceased
		olive an 7117 1960	, and that death	accurred at P.M. from the	couses and on the	date stated above.
		ACTUAL RESOURCE SIGNATURE RESOURCE SOURCE SIGNATURE	eduer h	MR PINEBRUET	city as fown, state)	7/17/100
		PHYSICIAN'S RUFUS S.G	ARDNER, J	R. SALISBUR	V.Hd	
	22a	BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		(City, tawn, ar caunty)	(State)
	20	Burial July 20,1960			isbury,Mar	
		FUNERAL DIRECTOR'S SIGNATURE DILLOWAY & COMPANY S	ADDRESS SALISBURY MA	RYLAND DATE JUL 2 2 '60	24b. REGISTRAR'S SIG	
1	11	OTHORNY OF CONTENIAT C	MI INUCCION	TITION INTO I DATE	20.	,



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



8582

1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

e IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(State)

5 m 13

(County)

Doys

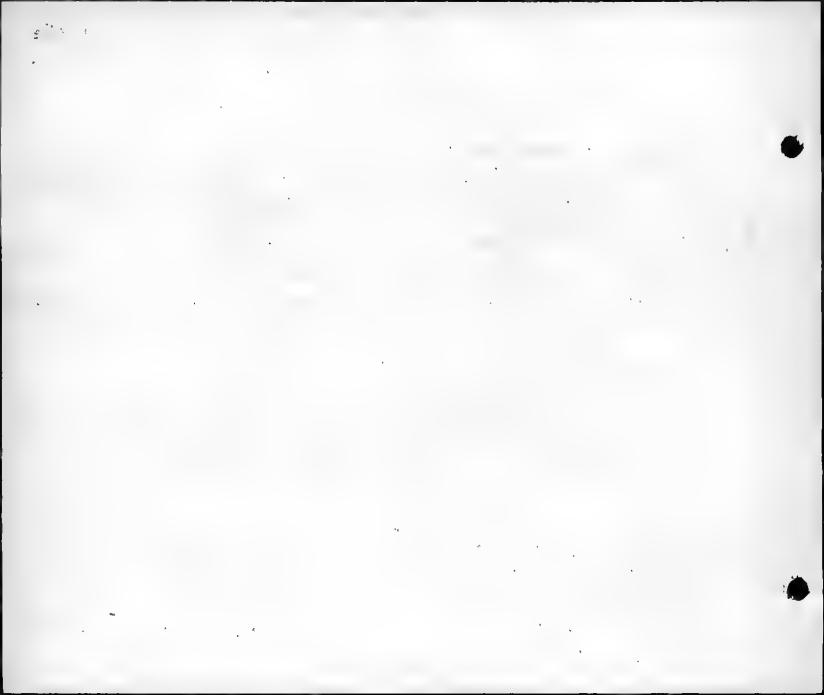
Months

ON A FARM?

YES NO NO

Yeor

19/ 1



VR A1S (4) 15M 9/S9

0503

CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY WICOM	nico	MARYLAN		USUAL RESIDENCE (Who a. STATE		lived. If institution b COUNTY	Residence		ssion)
b CITY OR TOWN (If outside corp RURAL and give nearest town) SALLS		6-vears	ТЬ	CITY OR TOWN (IF or			URAL and giv		vri)
d. NAME OF HOSPITAL (If not in I		at address)		d. STREET ADDRESS R.D.#				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First MARTHA	Middle		HILL HILL	4. DATE OF DEATH	JULY		o _{oy} 4th	Yeor 19 60
Female Whit		RRIED NEVER MARRIED [ept. 7,188	2	9. AGE (n years last birthday) 77 yrs	Months D	177 Hours	
10a. JSUAL OCCUPATION (Give kind during most of working life, even None	of work done 10t if retired)	None		Middleto	n.Nev			EN OF WHAT	COUNTRY?
13. FATHER'S NAME Theodore Warr	en		1	Elizabet		()			
15. WAS DECEASED EVER IN U. S AR (Yes, np. or unknown) (If yes, give wor	MED FORCES? 16 or doles of service)	5. SOCIAL SECURITY NO.	y info Mrs	R.D.# (Un	Brin	er(Graj Salisbi	nd - Da	ughte aryla	
18 CAUSE OF DEATH [Enter of PART I DEATH WAS CAU IMMEDIATE	JSED BY:	7.	de	ac far	Eur	,		INTERVAL E	BETWEEN D DEATH
Conditions, if any, which) gove rise to immediate	DUE TO	R. MEDER	de	dites					
lying couse lost.	DUE TO	12 terce &	2-6-1	Cozero	-				4.117.0007
ICATIC		CONTRIBUTING TO DEATH					EN IN PARI	YES [ORMED?
	F DEATH	N/A	JRRED. (I	Enter nature of injury in P	Part I or Port	II of item 18)			
ZOC TIME OF INJURY Month, Hour o. m. N/A	Whil		foctor	OF INJURY (Hame, form, street, office bldg., etc.	20f. (City	or town) N/A	(Co	unfy)	(State)
21 I certify that (1) (this saw the deceased alive of	' '	nded the deceased fro		th accurred at 00	Z, ta	the causes an		!, that (I) date state	
220 SIGNATURE	(fir	rley/	M.D		D RECTOR [STAFF PHYS .	July,	26 1	26 DATE SIGNED 1960
22c. BHYSICIAN'S NAME (TYP) P. Phil		nsley		Main St.	Sa]	isbury	Mary	land	
230 BURIAL, CREMATION, 235 DATE REMOVAL (Specify) Burial Jul	te thereof y 27/60	23c. NAME OF CEMETER Union Chu:	_	Cemetery	23d. LOCAT	ON (City, fown, o) # Sal:		y, Mar	yland
24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COM	PANY	SALISBURY	MAR:		BY REGIST	0	STRAR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8584

CERTIFICATE OF DEATH

Reg. Dist. 08569

_		
	PLACE OF DEATH O. COUNTY O. COUNTY O. COM ICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE / Gry Gnd b COUNTY / Com ICC
S	b. CITY OR YOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autiside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (IF tool in hospital, give street address) OR INSTITUTION CENTR SULAR CENERAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Beven y	Lost 4. DATE Month Day Year OF DEATH JULY 1960
13	714Le WhITE WIDOWED DIVORCED C	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24
1	during most of working life, even if retired) No! Correct OSTAL Serve No! Correct OSTAL Serve	Allen, md. U.S.A.
	Robert John Hitch	Ananda Phoebus
IS. (Yes	WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO INF	rs. Boverly T. Hitch Allen
	gove rise to immediate	FRULO NEPHRITIS Year
z	couse (a), stoting the under: DUE TO HYPERTENSINE	ATHEROSCIER STREET CARDIO YEAR OF RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
CATIO	PHELITONIA -	PERFORMED? YES NO
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Parl I or Port II of item 18)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 While at wark at wark	E OF INJURY (Hame, form, ry, street, office bldg., etc.) (City or tawn) (County) (State)
	21. I certify that attended the deceased from alive an	nccurred at 5 A, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
	PHYSICIAN'S NAME (Type)	D
3	O. BURIAL, CREMATION, 27b. DATE THEREOF 22c, NAME OF CEMETERY OR OR REMOVAL (Specify) JULY 3, 1960 ALEN CE	CREMATORY 22d LOCATION (City, Jawn, ar county) (State) METER ALLEN Md
23.	LEVEN R. Wilson Princess and	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUL 1 1 '60 Cullus S. Huma



W. PRESTON STREET, BALTIMORE 1, M., FOR STATE EXAMINE FICATE OF DEATH USUAL RESIDENCE (Whare daceesed lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY **b.** COUNTY a. STATE Wicomico MARYLAND Maryland Wicomico
c. CITY OR TOWN (If outside corporets limits, write RURAL end give neer ist fown) b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 write RURAL and give neerest town? Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS e. IS RESIDENCE and 3 to the funeral d may be retained for 12 with the State Boa nours affer death. ON A FARM? YES NO V Peninsula General Box .67 3 NAME OF Middle Month Day Year DECEASED OF (Type or print) DEATH James Klwood 7-23-60 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH, hould be executed within 24 hours after death in pencil in Item 18. Give Pages 1, 2, and 31 s. Office along with form PM3. Page 5 may be office along with file pages 1 and 2 with a second sec 19. AGE (In years 'IF UNDER 1 YEAR' IF UNDER 24 HRS lest birthday] 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Steta or foreign country) CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Marvland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elwood James Helen White 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Office along with for burial-transit permit, amoval, and in any e 18. CAUSE OF DEATH (Enter only one cause per line (or (e), (b), end (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hours Broncho-pneumonia MAMEDIATE CAUSE (a) removal, DUE TO {b} d "pending" Exami∎er's C gava rise to immediate cause DUE TO (e), stetling the underlying 8 cause lost. PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO Medical Q 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) 206. EXTERNAL CAUSE WAS shomk PRIMARY TO OF CONTRIBUTING TO case execute the certificate, writing sase execute the cerminals, included to the Chief Full Be forwarded to the Chief Full Branch Office in bear of the control of the Chief Included in the control of the cont 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) fectory, street, office bldg., etc.) Not While While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion death resulted from Natural causes Accident Suicide Homicide I Undetermined many er CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Royer M.D. Addi NAME (Type) Dainte or ounking S DEPL 220. BURIAL, CREMATION ! 226. DATE THEREOF REMOVAL (Specify) b Burial Quantico Quantico, Karyland
240, REC'D BY REGISTRAR 1 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR AISME arthur S. Kraus AUG 2

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPI

VR A15 (4) 1SM II/59

8587

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAT RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08571

j		PLACE OF DEATH				2.		DENCE (Wh	ere deceased	Llived. If instituti	on Residence be	ore admission	n)
/		o. COUNTY V	lcomico		MARYLI	AND	o. STATE	Mary:	land	P COUNTA	Wicom	ico	
	ŧ	RURAL and give-	(If outside carporate lim pearest town) 2118bury	its, write	E. LENGTH OF STAY IN	4 JP			outside carpoi	rote limits, write R	URAL ond give n	earest town)	
***				give street ad	Idress)		d. STREET A		o o u i j			e IS RESID	ENCE
		d. NAME OF HOSE OR INSTITUTION	en Gen Ho	spite	1			Route	e # 4			YES X	ARM?
	3. 1	NAME OF DECEASED	Fi	rst	Middle		los	t	4. DATE	Mor	ith (Day Yes	OF
		(Type or print)	MELI	ORA	ANN	J	ARVIS		DEATH	JULY	9th	19	60
	5 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	В	DATE OF BIRTI	Н		9. AGE (In years	IF UNDER 1 YEA	+	24 HRS.
	I	Female	White	WIDOWED	DIVORCED!	K) M	arch :	14.18	396	last birthday) 64 yrs.	Months Days	Hours	Min
	10a	. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b. KI	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (Stole	or foreign co	ountry)	12. CITIZEN C	OF WHAT COL	UNTRY?
	Re	1 2 7 6	ecretary	"			Illi	nois			US	A	
		FATHER'S NAME				1	4. MOTHER'S		IAME				
		Lindley	C. Smith	1			Minn:	ie I	Denau	lt			
	15	WAS DECEASED EV	ER IN U S. ARMED FO	RCE57 16. SC	CIAL SECURITY NO.	17 INFO				n(Siste	ress \ D	411	
	£143	No or unknown)	(If yes, give wor or dates of	service}		MI'S	Salis	bury	Mary	n(Siere	r) nout	9 #4	
	\neg	18. CAUSE OF D	ATH [Enter only one o	ouse per line	for (o) (b), and (c) /	7	1	VIAL.	7	TOTAL .	IN	TERVAL SETV	VEEN
		PART L DE	ATH WAS CAUSED BY:	. Use	Willian		6 1118	USI	11/14		Ot	ISPI AND D	EATH
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	FE	200 AZC DENT W	AS UNDERLYING	20b. DESCR	BE HOW INJURY OC	CURRED. (Enter-mature o	f injury in I	Port I or Port	II of item 18.)	un.	120	10 121
	CERTIFICATION	OR CONTRIBUTING	G CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH		N/A		9						
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	4	NAME (Type)	r Earl Be	arda	ev				Ave.	Salisb	urv.Ma	rvland	a
	230		ON, 23b, DATE THERE		23c NAME OF CEMET	ERY OR C				ION (City, town,		(Stote)	
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	24.	FUNERAL DIRECTO	R'S SIGNATURE	1 400	ADDRESS	o rie	moria		D BY REGIST	Salisbu RAR 256 REGI	STRAR'S SIGNAT		
		LLOWAY		. QA		M A DV	T A NITS		15'60				
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
1 1 1 1	CERTIFICATE OF DEATH	18572
	1. PLACE OF DEATH , a. COUNTY WILLOWN ICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence and STATE b. COUNTY b. COUNTY b. COUNTY	e before admission)
death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and g RURAL and give nearest town) ALISBI RY Inardela Springs	ive nearest town)
ofter by the f	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ENERAL HOSPITAL Rt. # 1	e. IS RESIDENCE ON A FARM? YES NO
n 24 h illed in es 1 an	3. NAME OF DECEASED (Type or print) BAD JOHNSON DEATH JULY 3	Day Year
d within pletely f rs. Pag	THE PARKET OF TH	TYEAR IF UNDER 24 HR
nd comp de th.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 12. CITIZ	ZEN OF WHAT COUNTRY
sicion a	DONALD JULIUS ALD PATRICA HOPKINS	
ing physic remove 72 hour	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no or unknown) (If yes, give war or dotes of secure) DENDED ON NO. O. U. M. SOLI, Columbia	Del
attendi	18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) A COURT TO BEATH (CAUSE O)	INTERVAL BETWEEN ONSET AND DEATH
that the by the lit. The lit of even	Conditions, if any, which) (b) Recurationity	
on. signed sit perm	gave rise to immediate cause (a), stating the under- lying cause last. DUE TO Benerature Separation Phaceus	×
physicionas beer rial-tran	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS ALTOPS' PERFORMED? YES NO
IAN: T ending ficate t ficate to the bur	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC all ar att his certi use as emotion	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Not while at work	County) (State
After After Shed for	21. I certify that I attended the deceased fram. 731. 1960, to 7511960that I last alive an 751. 1960, and that death accurred at 1 AM, fram the causes and an the	
ATTEN I by the ECTOR: oe detoc	ACTUAL SIGNATURE 2008 BY ACTUAL SIGNATURE ADDRESS (Street, city or town, state)	DATE SIGNE
SPINE OF RECEIPED SPINE OF SPI	PHYSICIAN'S PAINT WY SOLITON WY PARTY WY PARTY WAS NAME (Type)	Course of
HOSP To be 30 be 30 be 10 be 1	220. BURIAL, CREMATION. 22b. MAN REGENTING 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (City town, or county)	(State)
VS A1S (4) 15M 9/58	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR / 24b. REGISTRAR'S SIGNATURE ADDRESS DATE AUG 9 '60 CALLING 8.	NATURE Trans
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SR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

may be retained by the haspital or attending physician.

TO HOSP!

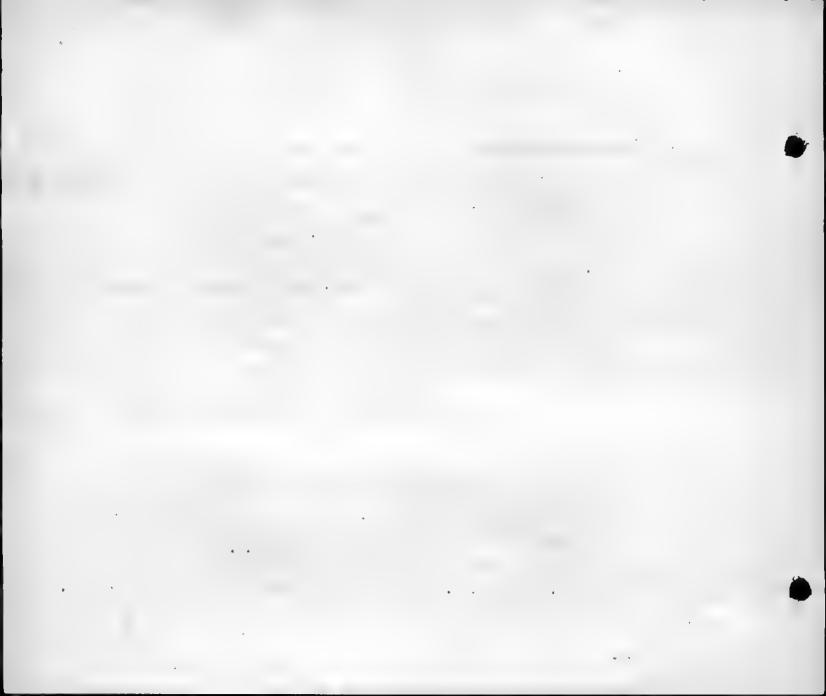
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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o. COUNTY Wic	comico	MARYLAND	o. STATE Maryl		finstitution Residence before COUNTY Queen A	
	f outside corporate fimits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (N	outside corporate limits	, write RURAL and give nea	rest tawn)
RURAL and give no Salish	ou ry	32 days	Queenst	own, Maryla	and	
d NAME OF HOSPIT OR INSTITUTION	TAL (If nat in hospital, give street	address)	d. STREET ADDRESS		172-	e. IS RESIDENCE ON A FARM? YES I NO
	Head State Hospi		<u> </u>			IES [] NO
3. NAME OF DECEASED (Type or print)	John	Middle	Jones	4. DATE OF DEATH	July 25	y Year 19 60
S SEX		RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (IF UNDER 24 HRS
Male	White WIDOW	ED DIVORCED	18	84 71	(hdoy) Manths Days	Hours Min.
100 USUAL OCCUPATION during most of work	DN (Give kind of wark dane 10b. king life, even if retired)	KIND OF BUSINESS OR INDU			12 CITIZEN OF	WHAT COUNTRY?
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13 FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Johr	IF. Jones		Sarah Co	ok		
IS WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? 16 (If yes, give wer or dates of service)	SOCIAL SECURITY NO. 17 I	NFORMANT Deer's	Head Hospit	a Addecords	
Conditions, if o gove rise to it couse (a), stating lying couse last	mmediate (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	AMAL D SEASE CONDIT	TION GIVEN IN PART 1(0) 1	9 WAS AUTOPSY PERFORMED?
PART II. OTH						YES NO
200. ACCIDENT WA	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED (Enter noture of injury in	Port I ar Part II af ífen	n 18)	
ZOC TIME OF INJUR Hour a m. p. m.	Y Month, Day, Year 20d 1 White of wor	Nat while fo	LACE OF INJURY (Hame, far octory, street, office bldg., el		(County)	(State)
	at (1) (this haspital) attended	····A	June 23 , 10 death accurred at			
220 SIGNATURE	udda	why	M.D. PHYS	A No No STAFF PHYS	St.	7/25/60 PATE
22c PHYS CIAN'S NAME (Type)	Lee L. Lawry,	м. р/.	Deer's He	ad Hospital	l; Salisbury,	Md.
23a, ByRIA., CREMATIC	7/27/60	23c NAME OF CEMETERY OF	11/e	23d JOCATION (City	coille, Olore	Arme M
24. FUNERAL DIRECTOR	and I	ADDRESS	2So. REC	C'D BY REGISTRAR 2	S6 REGISTRÁR'S SIGNATUI	RE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ht. after death. Page 4	ned by the naspital of attending physician party of the attending physician and completely filled in by the funeral director.	It has described for use on the hurin-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the with	and of Health prior to but all, cremation, or removal, and in any event, within 72 hours offer death.
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50.50 TO HOSPIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ht pfler death. Pl	moy be retoined by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted in by the funeral directions.	of page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be the		
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PLACE OF DEATH COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before o STATE Maryland b. COUNTY Wicomi	
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest lawn) Sallsbury	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give near	est town)
d NAME OF HOSPITAL (If not in hospital, give street or institution D.O.A. Pen G		d STREET ADDRESS Pacific Ave	IS RESIDENCE ON A FARM? YES NO X
3 NAME OF First DECEASED (Type or print) MARY	Middle HESTER	JOSEPH 4. DATE Month Day DEATH JULY 20th	* * * * * * * * * * * * * * * * * * * *
Female White wood	ARRIED NEVER MARRIED DWED M DIVORCED	March 10, 1877 B. DATE OF BIRTH March 10, 1877 B. AGE (In years lift UNDER 1 YEAR I Months Days yes.	Hours Min.
Oc. USUA. OCCUPATION (Give kind of work done lind during most of working life, even if relired) House Work	06. KIND OF BUSINESS OR INDU None	Sussex Co. Delaware U S	A A
Benjamin Middleton		14. MOTHER'S MAIDEN NAME Hettie Davis	
	16. SOCIAL SECURITY NO 17.	Mr. W. Frank Joseph (Son) Beaford,	Delawa
Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.	interpreteire Dialeter	nellitos. 3	yrs
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 12	WAS AUTOPSY PERFORMED? YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port 1 or Part II of item 18.)	
A Hour a.m		LACE OF INJURY (Home, form, 20f. (City or town) (County) octory, street, affice bldg., etc.)	(Stole
21 I certify that (I) (this haspital) attestions the deceased alive an 2-19	ended the deceased fram.	H . H P A M	it (I) (we) las stated abave
220 SIGNATURE	ea_	M.D PHYS X DIRECTOR THYS JULY 2	21 /196
PAME (Type) r. Frank R.I	Lewis	Willards, Maryland	
230. BUR AL, CREMATION 236 DATE THEREOF REMOVAL (Specify) DUFTAL July 22/60	23c NAME OF CEMETERY OF Pittsville	Cemetery Pittsville, Maryla	
24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY	ADDRESS SALISBURY MAI	RYLAND DATE JUL 25'60 256 REGISTRAR'S SIGNATURE OF THE STATE OF THE ST	



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21 '60



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physician

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DIRECTOR:

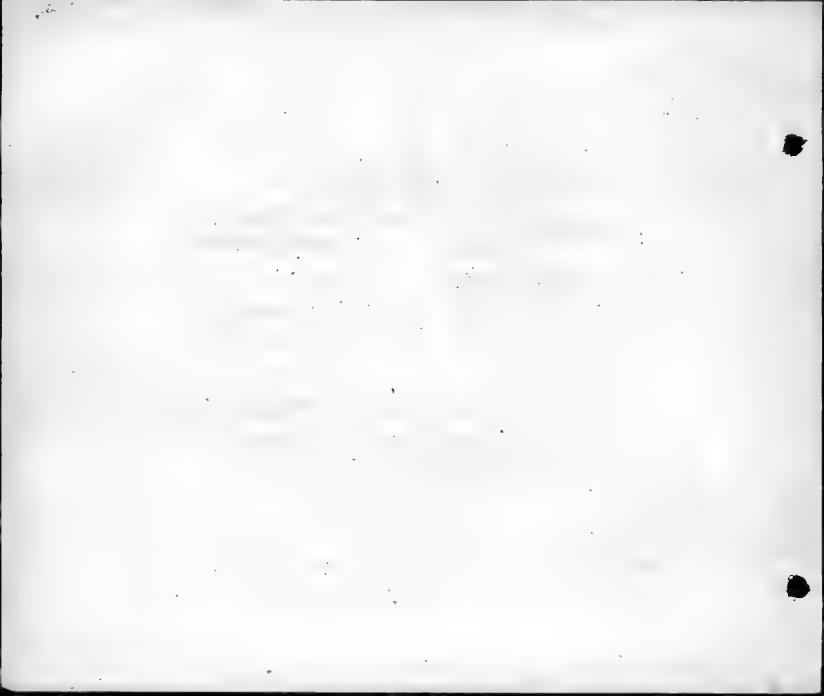
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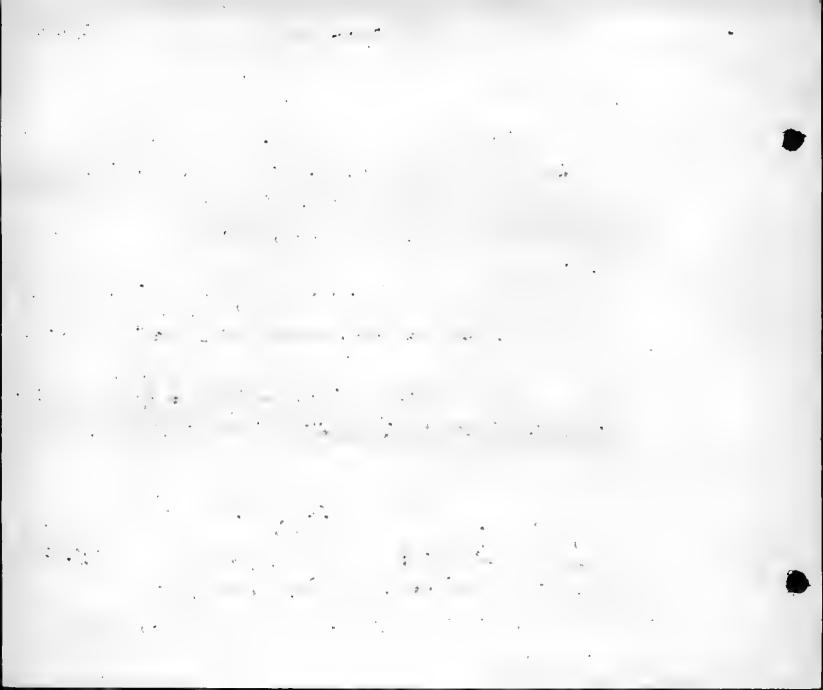


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8593		CERTIFIC	ATE OF DEATH	Reg. Dist.	(1857 No.
1. P	Accounty Siconnie	MARYLAND	2. USUAL RESIDENCE (Where deceded. STATE Maryland	b. COUNTY WICO	
Ь	c. CITY OR TOWN (If outs de corparate limits, write RURAL and give hearest town)	c. LENGTH OF STAY IN 16	Salisbury	rporate limits write RURAL and give	nearest tawn)
1	NAME OF HOSPITAL (IF 16t in hospital, give street or INSTITUTION NINSTITUTE OF NETCH HOS	er oddress) Pital	d. STREET ADDRESS 301 W. Co	ollege Ave	e IS RESII ON A YES
	VAME OF DECEASED Type or print) First ANN First	HULDA	MAHIEWS OF DEAT	TH JULY 2	Day Y
S. SI	emale White WIDON		July 7, 1886	last birthdoy) Mogths Pa	Hours
In	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Structor at State T				US A
	FATHER'S NAME VILLIAM A. Matthews		14. MOTHER'S MAIDEN NAME Ellen Gillet	te	
15. V (Yas	WAS DECEASED EVER IN U. S. ARMED FORCES? 10, no, or unknown) (If yes, give war or dates of service)	S. SOCIAL SECURITY NO.	rs.V.L.Glover(S Springfield,	ister)1608 Di	al Cou
NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under lying cause last. PART I. OTHER SIGNIFICANT/CONDITIONS	Pulmouar	y Cougestions	ron wenderies	100
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A	D. (Enter nature of injury in Part) or F	Ogar	PERFOR
MEDICAL	Haur o.m. NT/A Whil	INJURY OCCURRED 200. Pl	ACE OF INJURY (Hame, farm, 20f. (Cary, street, office bldg., etc.)	City or tawn) (Cou	nty)
	21. I certify that lattended the decedalive an	Leonard Hat death		20, 1900 that I last m the causes and an the d (Street pity or Payn, (stote) + + R	
_~	BURIAL CREMATION, 226. DATE THEREOF REMOVAL (SPECIFY) July 25,19	22c NAME OF CEMETERY C		CATION (City, town or county) ringfield, Il	(Stote
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ALISBURÝ MAR	24a. REC'D BY REG	ISTRAR 24tr. REGISTRAR'S SIGNA	ATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



8594

CERTIFICATE OF DEATH

Reg. Dist. No. 18579

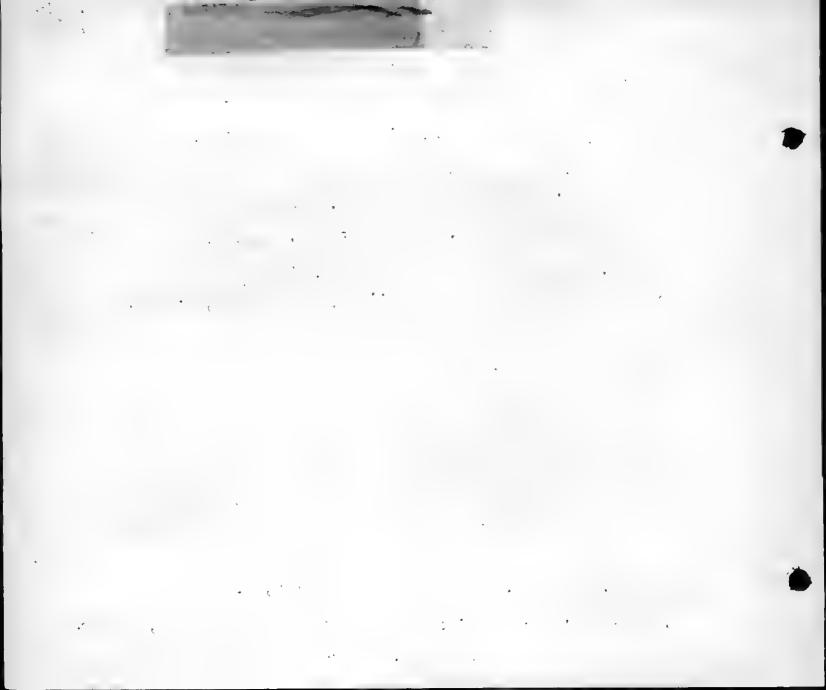
	And the state of t	
1. PLACE OF DEATH O. COUNTY WARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased fixed if institution Residence of STATE Maryland b COUNTY W1C	e before admission) OMICO
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
d NAME OF HOSPITAL (IAnot in hospital, give street address) OR INSTITUTION PC MINS WILL TO CORE OF COLUMN STREET	d. STREET ADDRESS 1019 Phillips Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle (Type or print) MARY BELLE	C C A Die T DEATH JULY	Day Year
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Female White Widowed Divorced	B DATE OF BIRTH () Oct. 10,1873 9. AGE (In years HPUNDER I lost blythdoy) 86 yrs.	YEAR IF UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work at Home None		EN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Levin D. Collins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr. (19 yes, give war or dates of service) NO. (19 yes, give war or dates of service)	Mary Elizabeth Murray "Richard McCafferty(Son)1019 Ave. Salisbury Maryland	9 Phillips
I MINITEDIALE CADSCIO	ue heart deseair	INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the <u>under</u> lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 2000. ACCIDENT WAS UNDERLYING TO COURSE OF CONTRIBUTING TO CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]		PERFORMED?
	ED, (Enter noture of injury in Part I or Part II af item 18.)	
	nctory, street, office bldg., etc.)	ounty) (State
21. I certify that lattended the deceased fram, alive an 17, 1960, and that death	h accurred at 115 ftM, fram the causes and an the	
SIGNATURE Helleamh Gray	M.D. 334 Ceculey Dre	7/12/6
PHYSICIAN'S Dr. William D. Gray	Salisbury, Maryland	
220. BUR AL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY C REMOVAL (Specify) July 19/60 Wicomico M	or CREMATORY 22d LOCATION (City, town, or county) emorial Park Salisbury, Mar	yland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOT LOWAY & COMPANY SATTSRIIRY MA	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
BULBUWKI & CUMPANY SALISHIRY MA	RYLANDI IDATE JUST & U DU I CI-II	27

To FUNERAL Manage of the haspital or attending physician.

To FUNERAL MERCONAL After this certificate has been signed by the attending physician and campletely filled in by the funeral director. Fagos 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 7 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

VS A1S (4) 15M 9/SB

fter death. Page 4



8616	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH				
of DEATH Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst o. STATE Maryland b. COUR			

MARTIAND D. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 Mary Land C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 FULL Land CRUPT C. LENGTH OF STAY IN 16 FULL Land CRUPT C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 FULL Land C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN Founded corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN Founded corporate limits, write C. CITY OF TOWN C. CIT	1. PLACE OF DEATH a. COUNTY			2. USUAL g. STAT	RESIDENCE (Who	ere deceased lived	. If institution: Reside	ince before admissio	in)
B. CATHERINE MARKE COURSE RECEIVE OF STAY IN 15 PAIL 12 AND THE STAY IN 15	Wico	D	Maryla	nd	W1CO	mico			
d. NAME OF ROUTHAL (If Four in hospital, give arear codirest) R. D. # I Salisbury—Meadow Bridge RE/R.D. # Salisbury—Meadow Bridge Res No.D. S. SEX. MOCOURAINON (Give Rind of work done) Involve Name Relation Of No. 15, 1875	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. CITY	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)				
R. D. # Salisbury-Meadow Bridge RE/R. D. # Salisbur				- F		and (nu	ral)	IC DECIS	DEALCE
3. NAME OF DECRAID (Type or print) DECRAND (Type or print) MARY CATHERINE (ACTION MIGHER) NOW 15, 1875 S. AGE (In year) 15th 1906 NOW 15th 1907 NOW 15, 1875 S. AGE (In year) S. AGE (OR INSTITUTION		· ·	1140	44	isbury-	Meadow B	ONAF	FARM?
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Pemale White WIDOWED DIVORCED NOV.15, 1875 Stythmoory Moghin Ory O	DECEASED			McG		10			
10. DUAL OCCUPATION Give kind of work dame 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) Maryland U.S.A Somerset County Maryland U.S.A 13. FATHER'S NAME William Hastings 15. WAS DECEASEBEYER IN U. S. ARMED FORCES? (In. SOCIAL SECURITY NO. IV. NORMANT IV. DORATH PART IDEATH WAS CAUSED BY OUE TO Conditions. If any, which gave rise to immediate (b) General County Maryland OUE TO Counting the under the deceased of the under the country of the co	S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF	BIRTH	9. AC			
House Work and House Work and House Work and House William Hastings Is, was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed forces? Is was deceased ever in u. s. asmed for in u. s. a						0	-		
William Hastings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT NOOMANT WIT. Edgar H. McGrath(Son) Address 17. NOOMANT WIT. Edgar H. McGrath(Son) Address 18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), ond [c].] PART ID DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Conditions, if only, which gover itse to immediate couse (o), toloing the under: OUE TO UNITED AND DEATH OUE TO UNITED AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) OUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) OUE TO UNITED AND DEATH OUE TO	during mostyof work	N (Give kind of wark dane) 10th ing life, even if retired; K at n.O.M.	b. KIND OF BUSINESS OR IN						
15. WAS DECEASEDEVER IN U. S. ARNED FORCES? (196. No. 20 contribution) 18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), ond [c].] 18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), ond [c].] 18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), ond [c].] 18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), ond [c].] 18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), ond [c].] 18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), ond [c].] 19. PART I DEATH HAWS CAUSED BY 10. Conditions. If only, which give rise to immediate couse (o), thoing line under: 10. Upt TO 10. Conditions. If only, which give rise to immediate couse (o), thoing line under: 10. Upt TO 10. Upt TO 10. DUE TO 10. Conditions. If only, which give rise to immediate couse (o). 10. The part II. Other Significant conditions contributing to death but not related to the terminal disease condition given in part I(o) and prevail of the file only of the per III of the III.) 10. Conditions. If only, which give loss to be death but not related to the terminal disease condition given in part I(o) and part have a condition given in	13. FATHER'S NAME	3		14. MOTH	ER'S MAIDEN N	AME			
No	William	Hastings		Eliz	a Worki	man			
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PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Conditions, if ony, which gave rise to immediate OUE TO Conditions, if ony, which gave rise to immediate OUE TO Lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NOX PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NOX OR CONTRIBUTING CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NOX OR CONTRIBUTING CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NOX OR CONTRIBUTING CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NOX OR CONTRIBUTION CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NOX OR CONTRIBUTION CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES ON ON THE TIME OF IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES ON THE TIME OF IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES ON THE TIME OF IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTOPSY PERFORMED? YES ON THE TIME OF IT WAS UNDERLY IN PART I(o) IP WAS AUTOPSY PERFORMED? YES ON TO THE TIME IN THE TIME OF IT WAS AUTOPSY PERFORMED? YES ON TO THE TIME OF IT WAS AUTOPSY PERFORMED? YES ON TO THE TIME OF IT WAS AUTOPSY PERFORMED? YES ON TO THE TIME OF IT WAS AUTOPSY PERFORMED? YE	1B. CAUSE OF DEA	TH [Enter only one couse per	line for (o), (b), and (c).]						
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20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 1B.) 20c	PART II, OTH	IER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH I	BUT NOT RELATE	O TO THE TERMII	NAL DISEASE CON	NDITION GIVEN IN PA	RT 1(o) 19 WAS AI	UTOPSY MED?
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20c TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED While of work	TA 200 ACCIDENT WA	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUI	RRED (Enter not	ere of injury in P	ort I ar Part II af	item 18.)		
21 I certify that (I) (this hospital) attended the deceased from July 19.57 to July 19.60 that (I) (we) last sow the deceased olive on 15 July 19.60, and that death occurred on 15 M, from the causes and on the date stated above 220 SIGNATURE ATTENDING MED DIRECTOR STAFF July 16 /1960 22d ADDRESS Fruitland, Maryland 23d BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) July 17, 1960 Fruitland Thurch Cem. Fruitland, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 25d. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE		Y Manth, Day, Year 20d.	INJURY OCCURRED 20e	PLACE OF INJU	IRY (Hame, form,	20f (City or to	wni	(County)	(Slate)
21 I certify that (I) (this hospital) attended the deceased from July 19.57 to July 19.60 that (I) (we) last sow the deceased olive on 15 July 19.60, and that death occurred on 15 M, from the causes and on the date stated above 220 SIGNATURE ATTENDING MED DIRECTOR STAFF July 16 /1960 22d ADDRESS Fruitland, Maryland 23d BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) July 17, 1960 Fruitland Thurch Cem. Fruitland, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 25d. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE	Haur o. m.	While	le Not while	factory, street,	office bldg., etc.)	NT / A	,	,,
sow the decessed of the on 15 graph 19 60, and that death occurred on 15 M, from the causes and on the date stated above 226 DATE 226 DATE ATTENDING MED DIRECTOR STAFF July 16 /1960 226 ADDRESS NAME (Type) Robert Adkins Fruitland, Maryland 230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY PULL Specify July 17,1960 Fruitland Church Cem. Fruitland, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25G. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	-			- 1		<u>i</u>	14/15	•	
220 SIGNATURE 220 SIGNATURE M.D. ATTENDING MED DIRECTOR STAFF JUly 16 /1960 221 ADDRESS Fruitland, Maryland 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL SPECIFIC JUly 17,1960 PHYS. July 16 /1960 230 LOCATION (City, town, or county) (Stote) REMOVAL (Specify) July 17,1960 Fruitland Thurch Cem. Fruitland, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR'S SIGNATURE	21 I certify tho	t (1) (this hospital) otter	nded the deceased from	n. Gull	195	57. 10. gr	Mel 194	(00 that (1) (4)	re) last
220 SIGNATURE M.D. ATTENDING MED DIRECTOR STAFF JUly 16 /1960 220 PHYS. CIAN'S DIRECTOR DIR	sow the deceas	ed olive on 15 9	14 19 60, and the	it death oca	Fred on 5 12	M, from the	causes and on th	ne date stated	above
22d. ADDRESS PAMME (TYPE) T. Robert Adkins 22d. ADDRESS Fruitland, Maryland 23d. Burial, Cremation, 23b Date Thereof Removal (Specify) July 17,1960 Fruitland Thurch Cem. Fruitland, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 22d. ADDRESS 23d. LOCATION (City. fown, or countly) (Slote) Fruitland, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 25d. REC'D BY REGISTRAR'S SIGNATURE	220 SIGNATURE	111 70	1-011.					22b.	DATE
NAME (Type) T. Robert Adkins Fruitland, Maryland 230 BURIAL, CREMATION, 236 DATE THEREOF PURISHER OF CREMETERY OR CREMATORY PURISH July 17,1960 Fruitland Church Cem. Fruitland, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	100	KVA //	Mellers	M.D PHYS.	IDING ME	RECTOR PH	N's U July	16 /19	3600
Burial Cremation, Removal (Specify) Burial July 17,1960 Fruitland Church Cem. 23c LOCATION (City, fown, or county) (Stole) Fruitland Church Cem. Fruitland, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE	22d PHYSICIAN'S			22d. A	DORESS				
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24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	July 17 10/							1
				or milai	1				
				ARYT AN					

may be revained by the haspital or attending physician.

TO IMPRAL DIMECTOR: After this cantificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 theurs offer death. ATTINDING PHYSILIAN: The law equires that the destrificate be exempted within 24 h TO HOSPI

ofter death. Page 4

VR A1S (4) 15M P/SII



TO HOSPIT

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8595 **CERTIFICATE OF DEATH**

			Kej	g. DIS1. 140.
1 PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decea	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside car		and give negrest town)
RURAL and give nearest town)		CRISFIFLE	,h	
d NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Peninsula General	Hospital	12 COLLIN	3 57	YES NO IT
3 NAME OF DECEASED (Type or print) CALVIN	Middle WILLIS	Milhourne 4. DATE OF DEAT		Day Year 7 19 64
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yegins IF UI lost birthdoy) Mor	NDER I YEAR IF UNDER 24 HRS
Male Negro WIDOW		DEC. 7.1914	1+5 yrs.	oths Doys Hours Min.
10a USUAL OCCUPATION (Give-kind of work done 10b. during most of working life, even if retired)	7	0100 -1	country)	2. CITIZEN OF WHAT COUNTRY?
7,00,000	EAFOOD	MARYLAND		USH
13. FATHER'S NAME	2.15	14. MOTHER'S MAIDEN NAME	100	
	SOCIAL SECURITY NO. II	DALLIE CI	12R Address	
(Yes. no. or unknown) (If yes, give wor or dates of service)	1 1 1	OROTHY MILLBOU	***************************************	FIELD IND
18 CAUSE OF DEATH [Enter only one couse per li	ine for (a), (b), and (c).]	11		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	accenon	ra oflew	17	en lenen
DUE TO		G	0	
Conditions, if any, which (b)				
couse (a), stating the <u>under</u> DUE TO lying couse lost, (c)				
PART H. OTHER SIGNIFICANT CONDITIONS	CONTRIB <u>UTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IT	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D (Enter noture of injury in Port I or P	ort II of item 18)	1
ā l	f.	ACE OF INJURY (Home, form, 120f. (Citory, street, office bldg., etc.)	ity or town)	(County) (State)
Hour o. m p. m. 19 of wo	Not while	,		
21. I certify that I attended the decea	sed from 6~10	, 19(eL), 10 7 ~	7 , 1960 Ahat	I last saw the deceased
alive an	LO, and that death	accurred at 3 52 PM, from	n the causes and a	n the date stated abave
ACTUAL SIGNATURE WILLEN OZ	· 40Cost	M.D. Jales el	(Street, city or town, state)	7-86
PHYSICIAN'S HILLIAMIR	FLLIS, JR	SALISB	URY, N/I).
220 BUR AL, CREMATION, 226. DATE THEREOF EMOVAL (Specify) JULY 11,1960	22c. NAME OF CEMETERY O	5	ATION (City, town, or cou	unty) (State) (4) 1101 , 1/17
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REG		
15200 =11211 4 C Wie	14. 11211511	7 1/0 200 15	160 CLALINA	



RYLAND STATE DEPARTMENT OF HEALTH



TO HOSP!

VR A15 (4) 15M 9/59

& YAWOLIOH

COMPANY

SALISBURY

Q (CIL)	<u> </u>								7.7
PLACE OF DEATH	om1co	MARYLAND	A STATE	Mary		d lived If institution b. COUNTY	W1CO		ission)
b. CITY OR TOWN (If outs	ade corporate limits, write	c LENGTH OF STAY IN 15	+			prote limits, write RI			wn)
RURAL ond give negrest	lown)			_	-		onne one g		,
A NAME OF HOSPITAL /III	not in hospital, give street i	orldrass)	d. STREET A		<u>svill</u>	<u>.e</u>		a IS R	ESIDENCE
OR INSTITUTION		Judiess						ON	A FARM?
In	Village		11 #	in V	illag	re		AF2	□ NO □
NAME OF DECEASED	First	Middle	^ Last		4. DATE OF	Mon	th	Day	Year
(Type or print)	DELLA	MAE	PARS	ONS	DEATH	JUI		7th	1960_
SEX 6. 0	COLOR OR RACE 7 MARR	IED 🕅 NEVER MARRIED 🗌	/			9. AGE (In years last birthday)	Months Do		DER 24 HRS
Female	White WIDOWE	DIVORCED	July 2	5,19	18	lost birthdoy) 42 yrs	0	2	\$ [FEE]
USUAL OCCUPATION (C during most of working li	ive kind of work done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11 BIRTHPL	ACE (State	or foreign o	ountry)	12 CITIZE	OF WHAT	COUNTRY
House Wor	k at Home	None	e Pow	ellv	111e.	Marylar	d II	SA	
FATHER'S NAME			14. MOTHER'S			3			
Al	Kelly		Mar	y Tri	uitt				
WAS DECEASED EVER IN	U. S ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	×		Addr	ress		
	give war or dates of service)		MrLester	R.P.	arson	ıs(Husba	nd)Pi	ttsv	ille,
-		- A. N A. N							m##134##
	Enter only one couse per lin	is for (0), (b), and (c).	. 1					INTERVAL ONSETAAN	
PART I. DEATH W	NEDIATE CAUSE (6)	wal bus	nimila	90				/tol	e 1
446)	DUE TO	1 -	I IU	1 .		/ -/			
Conditions, if any, v	which) (b)	ranced are	er intelli	iddle	7, tu	4 herters	RIAM	5 are	2
gove rise to imme couse (o), stating the u	diote DUE TO	ranced are	States	201	hi. A	15		0	
lying couse lost.	(c) (IV	ruc in the	LKUUN	1.10	46 226	25 7			
PART II OTHER SI	IGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THETERMI	INAL DISEAS	E CONDITION G V	EN IN PART	o) 19 WA	S AUTOPSY
I FILL Y PIL	Ermany 7	whereuler	explad.	been	Min	1 state sa	mit.		NO [3
20a. ACCIDENT WAS UN	IDERLYING 206 DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	f injury in	Port 1 or Por	rt II of item 18.)			
OR CONTRIBUTING C	AUSE OF DEATH!	N/A							
20c. TIME OF INJURY N			PLACE OF INJURY (I	Home, form	n. 20f (Cib	v or town)	(Cou	ntv)	(Stote
Hour o.m.	N / A While	Not_while	foctory, street, office	bidg , etc)	N/A	,		
p. m.	IV/ Ph 19 of worl		7 14/12		1 1	N/H	-		
21. f certify that (I)	(this bospital) attend			17 - 2 19	60 inta_	1-27	1960	, that (I)	(we) las
saw the deceased	alive an 7-25	1960, and the	death accurred	t at 201	W. 118m	the causes an	d on the c	ate state	ed abave
22o. SIGNATURE	1000	V					_		22b.DATE
Trank	1 / Jecures		M.D ATTENDING	Z M	IED IRECTOR [PHYS 🗆 J	uly /	-1	/1960
22c. PHYSICIAN'S NAME (Type)	., .		22d. ADDRE	SS					
Dr.	Frank R. Lew	1s	Will	lard	s.Mar	yland			
BO BURIAL, CREMAT ON, 2		23c NAME OF CEMETERY				TION (City, town,	or county)	(5	lote)
REMOVAL (Specify)		Dandua	Cemeter						
	July 30,196	W EGLAILE	CHIIC Let I.	V	PA	wellvil		2 min 2	and

MARYLAND

DATE

AUG 1

Calley & Known



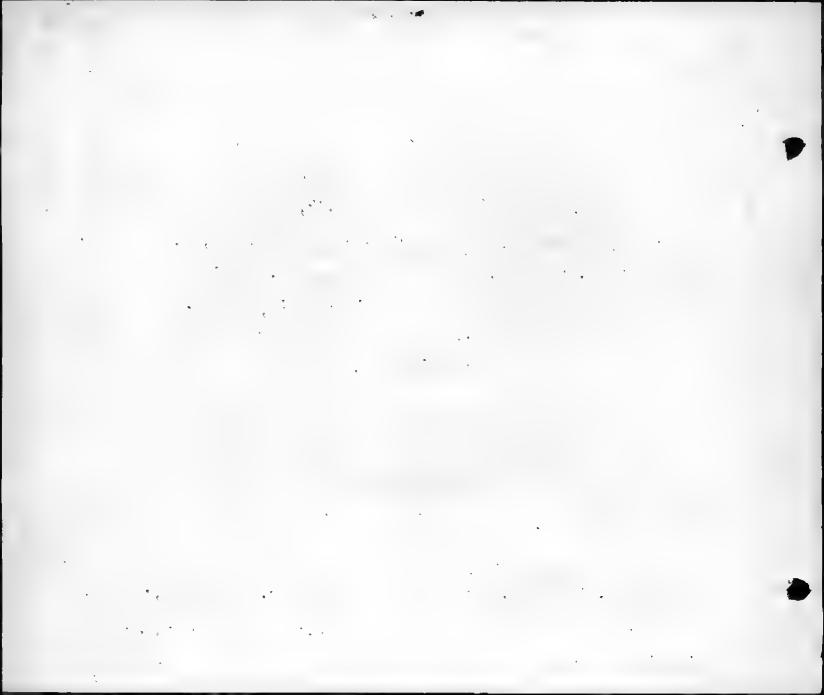
VS A1S (4) 1SM 9/SB

MARYLAND STATE DESARTMENT OF HEALTH—BALTIMORE,	18
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8596 CERTIFICATE OF DEATH

08584 Reg. Dist. No.

-								
1. PLACE OF DEATH • COUNTY W/	Comico	MARYLAND	II A CTATE	NCE (Where deceor	sed lived If institution b. COUNTY	W1com		
b. CITY OR TOWN (If of SRURAL and give near	1	c. LENGTH OF STAY IN 1b	1 1	WN (If outside corp Rlisbury	porote limits, write RU	URAL and give ne	arest town)	
	(IV not in hospital, give street of	HOS WITAI	d. STREET ADD	DRESS D9 Newto	on St		e. IS RESIDEN ON A FAR YES NO	RM?
3 NAME OF DECEASED (Type or print)	JOHN First	PAUL	PHILLI	4. DATE OF DEAT	7	th g	y Year	
S. SEX	COLOR OR RACE 7. MARR		B. DATE OF BIRTH FEB . 1.8	1900	9. AGE (In years lost birthday) 60 yrs.	Months Days	IF UNDER 24	
owner & Ope	rator-Salist	oury Dry Cle	aners	Quanti	country)	U S	F WHAT COUN	ITRY?
13. FATHER'S NAME William		ye Works	14. MOTHER'S M	B L. Phi	llips			
15. WAS DECEASED EVER I	N U. S. ARMED FORCES? 16. Syes, give wor or dates of service)	SOCIAL SECURITY NO. MT	INFORMANT	W.Phill	ips(Wife	209 N	ewton	St
Conditions, if ony gove rise to imm couse (o), stoling the lying couse lost.	nediote ((Staph.)	Aureus)			ner	
PART II OTHER PART II OTHER 20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HE TERMINAL DISEA	ASE CONDITION GIVE	EN IN PART 1(0)	19. WAS AUTO PERFORMEI YES NO	D?
200. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY M	CAUSE OF DEATH	N/A	ED. (Enter nature of i	injury in Port I or Pa	ort II of item 18)	·		
20c. TIME OF INJURY Hour o m. p. m. N	While	Not while fo	LACE OF INJURY (Ho octory, street, office b	ome, form, 20f (Ci oldg , etc.)	ity or town) N/A	(County) (:	(Stote)
21. I certify that alive an Actual SIGNATURE	not g , 19 le			- V //-	Lig 9, 1969, in the causes and (Street, city or town,			oave.
PHYSICIAN'S Dr.	William D.Gr	ay /	Camden	Ave. Sa	lisbury,	Maryla	nd	
200. BURIAL, CREMATION, REMOVAL (Specify) Burial	July 12/196	22. NAME OF CEMETERY OF Parsons	Cemete	_	ATION (City, fown, o		(Stote) nd	
23. FUNERAL DIRECTOR'S : HOLLOWAY &		ADDRESS	2	AG. REC'D BY REGI		TRAR'S SIGNATE		



8597 **CERTIFICATE OF DEATH**

Reg. Dist. No.

08585

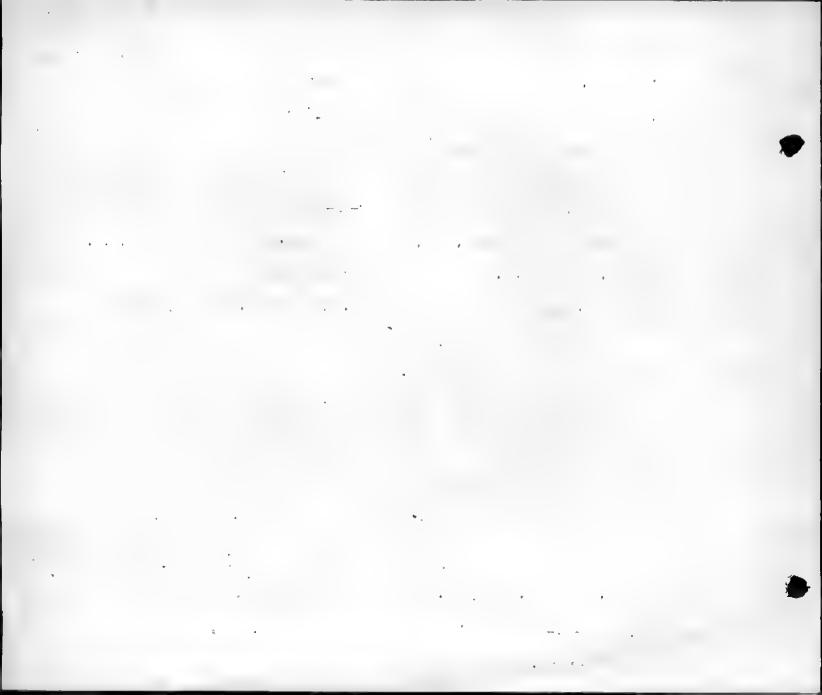
 PLACE OF DEATH COUNTY, 	,			2. USUAL RESIDENC o. STATE	E (Where decease	ed lived If institut b. COUNTY		: before admission	n)
	mico	MARYL	LAND	Marvla	ınd		omico	V	
b CITY OR TOWN (lf autside carporate limits, wi	rite c LENGTH OF STAY I	IN 1b			orate limits, write I		ve necrest fawn)	
Salisbur		3 Days		Aller					
d. NAME OF HOSPIT	TAL (If not in hospital, give st	treet address)		à, STREET ADDRE	ESS			e. IS RESID	
Peninsula	General	Hospilal						YES 🗍	
3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mai	tth	Day Ye	or
(Type or print)	JESSE	MORRIS		rellitt.	JA DEATH	· Jul	Y	14 19	160
S. SEX		MARRIED NEVER MARRIE	D 🔲 🗎	B. DATE OF BIRTH		9 AGE (In years		YEAR IF UNDER	
male		OWED DIVORCED		9-24-1925		34 yrs.		Pays Hours	Min.
10a. USUAL OCCUPATION during most of war	ON (Give kind of wark dane king life, even if retired)	10b. KIND OF BUSINESS OF	R INDUS	TRY 11 BIRTHPLACE	(State or foreign	country)	12. CITIZI	EN OF WHAT CO	UNTRY?
Civil E		Dept. Agr.		Mary	Land		U.S	.A.	
13. FATHER'S NAME				14. MOTHER'S MAII	DEN NAME				
Jesse M	. Pollitt, Sr	•		Agnes Ma	alone				
15. WAS DECEASED EVE	R IN U. S ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	. IN	IFORMANT		Add	dress.		
Yes	W.W.11		N	irs. Elizat	oeth E.	Pollitt,	Same		
18. CAUSE OF DEA	ATH [Enter only one couse p	per line far (a), (b), and (c).		1				INTERVAL BETY	
PART 1. DEA	ITH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cardiac	ar	rest				1011261 7110 0	EATT
157	DUE TO								
Conditions, if a	ny, which)	Toxonia							
gave rise to i	mmediate Dus TO								
couse (a), stating lying couse tast	the <u>under-</u> (c)	Meningio	COR	cemia					
Z PAIT II OTI		ONS CONTRIBUTING TO DEA		-	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19 WAS AL	JTOPSY
1 HEma	lytec an	enia de	d	Throw	chocy+	openia		PERFOR/ YES Y	
PAIT II OTH HEWAY OR ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS, UNDERLYING 206 CS-CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURREC). (Enter nature of inju	ory in Part Ifar Pa	art (Laf Item 18.)			
20c TIME OF INJUING Haur a.m.		Od. INJURY OCCURRED While Not while		CE OF INJURY (Hame		ty ar tawn)	(Co	iunty)	(State)
p.m.		work at work							
21. I certify th	nat I ottended the dec	eosed from Ma	ircl	4 , 1960 , to	July	14. 1960	That I los	t sow the de	ceased
alive on Du	0. 111	/ -		occurred at 10	R M, from	the couses a	-		
	-1 D	0 11.01		0.	ADDRESS	Street, city or lawa	state)	DATE	SHOWELL
ACTUAL SIGNATURE	Thomas	C. Hill	1.	ND. PE	رع (علم	eiff t	ood	7/15	/60
		Λ			0 0		0.4.1		,
PHYSICIAN'S DI	. Thomas C. H	ill, Jr. ∪		So	lesber	u c	rvid.		
220. BURIAL, CREMATIC	N, 22b, DATE THEREOF	22c. NAME OF CEME	TERY OF	RCREMATORY	22d. LOK	ATION (City tawn,	ar county)	(State)	
REMOVAL (Specify)	7-17-1960	Allen Ceme	eter	У	All	an, Maryl	and		
23. FUNERAL DIRECTOR		ADDRESS			REC'D BY REGI	STRAR 246 REG	ISTRAR'S SIGI		
Hill & Je	hnsen Co. Sa	lisbury, Mary	land	DAT	TOF 5 0 A	60	alun A	******	

ofter death. Page:

TO HOSPITE OR ATTENDING PHYSICIAN: The low requires that the deoth certifi—te be executed within 24 he internated by the hospital or altending physician.

IN FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral-directors as should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 shauld be internated prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

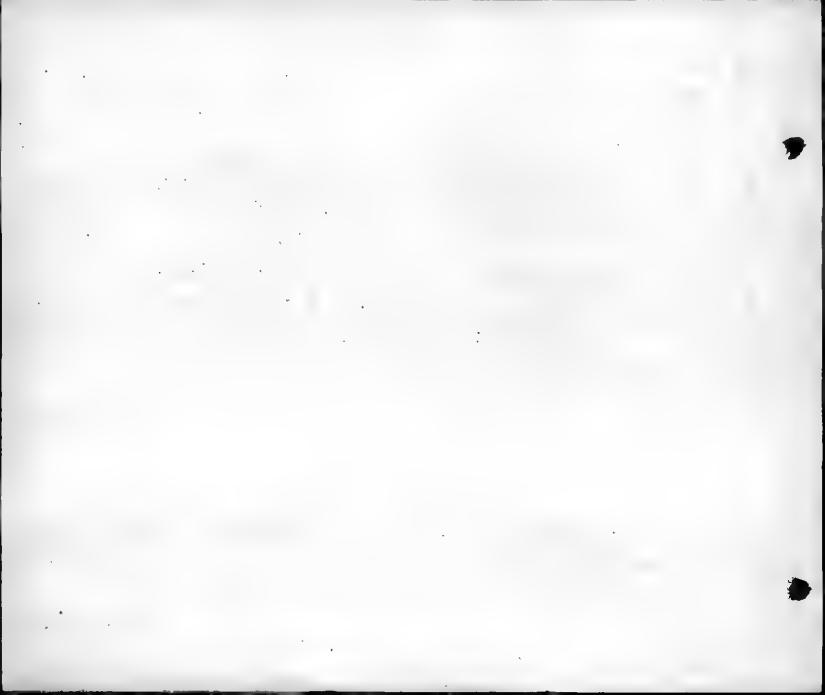
VS A1S (4) 15M 9/58



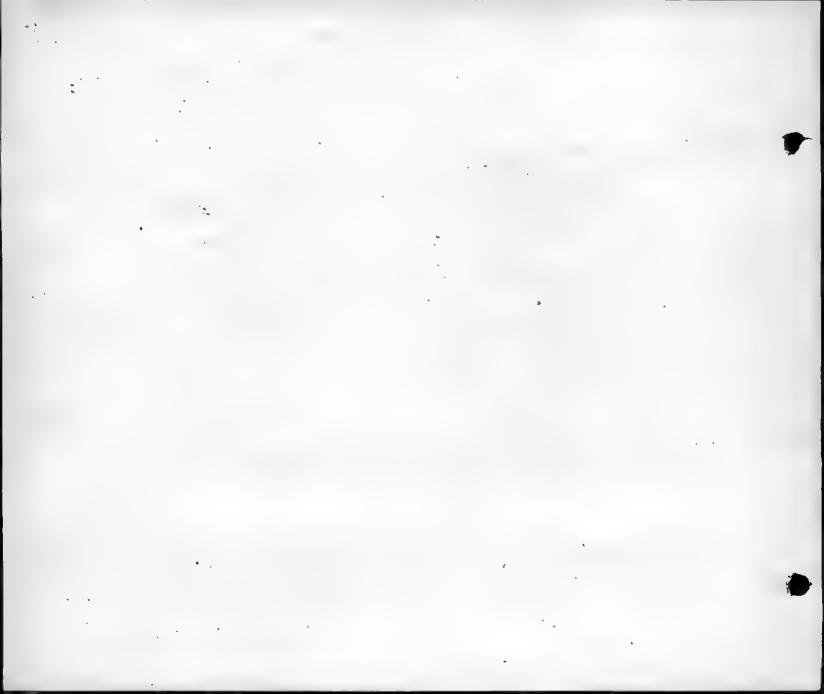
VS A15 (4) 15M 9/5B

ARYLAND, STAT	E DEPARTMENT OF HEALTH—BALTIMORE,	18 02526
598 Item		00000
3.23.03	CERTIFICATE OF DEATH	

0000				Reg. D	IST. NO.
PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (W		COUNTY C	
Wicomico	MAKTLANU	11/6		20	mersec
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negtest tawn)	NGTH OF STAY IN 16	C. CITY OR TOWN (IF	ess A7	its, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address opinistitution	Hosp, tal	d. STREET ADDRESS	9	X	e IS RESIDENC ON A FARM YES NO
	70 7 7 7	1	d Dave		
NAME OF DECEASED (Type or print) . Cecie	Middle	firter	4. DATE OF DEATH	July	Day Year
	NEVER MARRIED	B. DATE OF BIRTH		(In years / IF UNDER	Days Hours Mi
to USLAL OCCUPATION (Give kind of work done 10b. KIND)	DIVORCED	STOV 11 DIDTING ATE ISSUE	as foreign country	12 (17	IZEN OF WHAT COUNT
House wite	AL BOSINESS OK HADO	Me	•	12.011	7.2
FATHER'S NAME	-	14. MOTHER'S MAIDEN	NAME /	/	
-ittleton //1//s		E/12abet	h H	ender.	507
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wor or delter of service)	L SECURITY NO.	prormant Ports	y Pr	Address	Annell
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	$L' \rightarrow$	0		INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY:	DA MENT	ic 1/e	, laes	nea	ONSET AND DEAT
Conditions, if any, which (b)	0				
cause (a), stating the <u>under-</u> lying cause last.					
Part II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL D SEASE CONI	DITION GIVEN IN PAI	RT 1(a) 19. WAS ALTOF PERFORMED YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE FOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of i	tem 18)	
	OCCURSED 20e. PL	ACE OF INJURY (Hame, fari clary, street, affice bldg , et	n, 20f (City or tow	n) ((St
21. I certify that I offended the deceased fro	om June	1960, 10	uly 9	, 19.6 Pat I le	ast saw the decea
alive an July 9 60	and that death	occurred at	M, from the co	auses and an th	date stated abo
ACTUAL SIGNATURE A. School	~-	Jalest	my h	ol Ja	ely 9 19
PHYSICIAN'S NAME (Type)			U	0	0'
REMOVAL (Specify) 22b. DATE THEREOF 22c.	NAME OF CEMETERY OF	OR CREMATORY	224 ADCATION (C	CSS // 7	nn - (Sigle)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	140. REC	D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08587
		8599 CERTIFICATE OF DEATH	j. Dist. No.
M		WICOMICO COUNTYMARYLAND COSTA Green Sprin	9 Ave Bate"
J;	- 1	RURAL and give negrest lown] A LISBUAU H Days GATIMOTE Mary GATIMOTE MARY GRINSTITUTION GRINSTITUTION GRINSTITUTION	and give nearest lown) ON A e. IS RESIDENCE ON A FARM? YES NO M
, , ,		NAME OF FIRST Middle Lost 7/1-14. DATE Month	
		(Type or print) LOUIS ALAN RAMSBURG DEATH JULY	17 1960
	5.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED & B DATE OF BIRTH 1960 PAGE (In years 18 U) A L F WIDOWED DIVORCED JU 14/6th 1960 PAGE (In years 18 U) A L F WIDOWED DIVORCED JU 14/6th 1960	ths Days Hours Min.
	100		CITIZEN OF WHAT COUNTRY?
1	13.	FATHER'S NAME IL MOTHER'S MAIDEN NAME IL MOTHER'S MAIDEN NAME	u.s.a.
		Louis ALAN Namsburgor, Patricia Purdy	
	75. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Morey Whitnown (II yes, grapher or delea of service) None Mrs Mary C Ramsburg-9/10	6W38th Street
		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I, DEATH WAS CAUSED BY: ATE C C C C PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost. (b) Prematurity (Birth Wt, 1670 gms Out TO Out TO (c)) dpprox 7hrs.
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. White Not while of work of work 19 of work 19	(County) (State)
ad		21. I certify that I attended the deceased fram July 16, 1960, ta July 17, 1960, that alive an July 17, 1960, and that death accurred at 18, 4, M, fram the causes and an	I last saw the deceased
}		ACTUAL SIGNATURE COLFR C. Folla M.D. Medical Centle	
		PHYSICIAN'S NAME (Type)	whend
	220	BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Spicify) 7-19-60 ATTALY PROPERTY OF CREMATORY WINGS MILE OF COMMERCE OF COME	(Stote)
¥	ź3.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR	
,	1	lustin ExDonovan -3818 Notand ave. DATESTE 19'60 Carling	S. Krue
0		208217111	



VS A15 (4) 15M 9/58 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (CERTIFICATE OF DEATH

08588

Rea. Dist. No.

- 1			
	1. PLACE OF DEATH O. COUNTY WARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY	before admission) W1COM1CO
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY	CIPY OR TOWN (If outside corporate fimils, write RURAL and gi	ve nearest lown)
	d. NAME OF HOSPITAL (If not in Hospital, give street address) OR INSTITUTION PENINSULA GENERAL HOSPITAL	d STREET ADDRESS Chestnut St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) FLORA ELLEN	REDDISH 4. DATE Month OF DEATH JULY	Day Year 19 60
		MAY 24, 1879 lost highday) Months C	YEAR IF UNDER 24 HRS. Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work at Home None	St. Martins, Maryland (Worce	ester Co)
ı	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Isaac James Holland	Dorcas Isabelle	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	Alison J.Parsons (Son) 7439 Point Norfo	Flicker lk.Virginia
	1B. CAUSE OF DEATH [Enter only one couse per Inter for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) DUE TO Carebral O	L'Eriosclerose's	
	gove rise to immediate couse (a), stating the under- lying couse ast.		
	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) N/A	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I or Part II of item 18.)	
	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED to the focus of work	ACE OF INJURY (Home, farm, 20f (City or town) (Coctory, street office bidg, etc.)	ounty) (Stote)
	21. I certify that I attended the deceased fram.	29, 1960, to, DWY 16, 1960 that I las	t saw the deceased
ı	alive an July 15, 1960, and hat death	accurred at 1.5 A.M., from the causes and on the	date stated above.
	SIGNATURE Thomas C. Hilling.	M.D. Pure Bluff Rd	7/16/60
	PHYSICIAN'S Dr. Thomas C. Hill Jr	Salisbury, Md	
	220. BURIAL, CREMAT ON, REMOVAL (Specify) BURIAL 22b. Date thereof Parsons C	/ /	(Stote) arvland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIG	NATURE
V	HOLLOWAY & COMPANY SALISBURY MA	RYTAND DATE JUL 20'60 action 2.	Thank

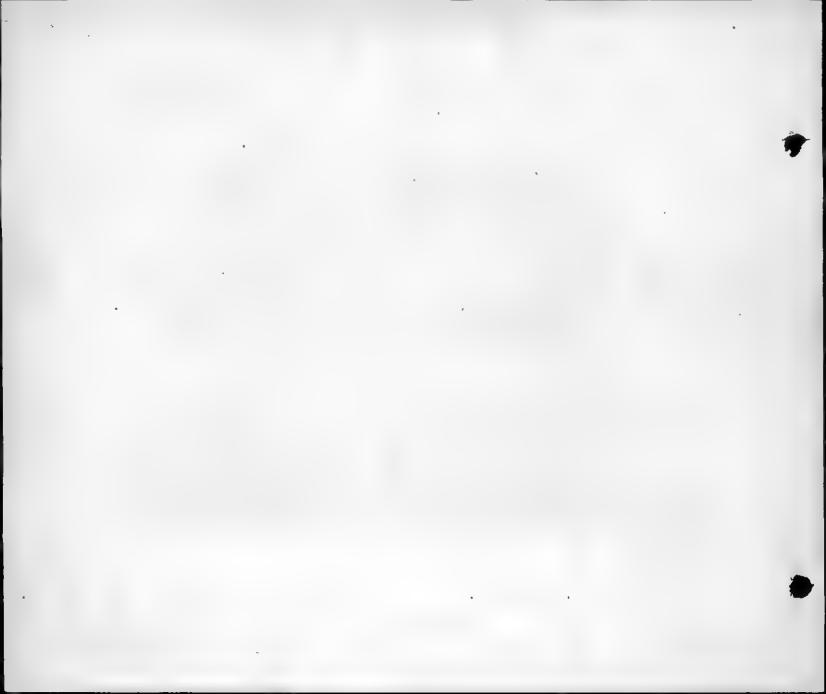


TO HOSPI

VR A15 (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1 PLACE OF DEATH a. COUNTY Wicomico	•			MARY	LAND	0,	ual residence state laryland		nere decease	d Ived b.	If institution	n Residen	ce befo	re admiss	ian)
	b. CITY OR TOWN (IF		its, write	c. LENC	TH OF STAY	IN 16	c.	CITY OR TOWN	l (lf a	outside carpo	orate limi	ls, write RU	RAL ond	give nec	rest tawr	1)
	RURAL and give no Salisbury	v. Maryland	i		mo. 4 d	lays		Pocomoke		City		2	A S	_	4110	
4	d. NAME OF HOSPITA	AL (If not in hospital, g	jive stre	et address)			d.	STREET ADDRES	SS						e. IS RES	IDENCE FARM?
		ead State						602 Waln	ut	St.						NO 🔀
	3. NAME OF DECEASED	Fir	rst		Middle			Last		4. DATE		-Month	1	Do		Year
	(Type ar print)	Katl	neri	ne	D.		F	leid		DEATH		July		4		1960
	5. SEX	6. COLOR OR RACE	7. MA	RRIED 🔲 Þ	NEVER MARRIE	0 🔲		OF BIRTH					Months	1 YEAR Days	IF UNDI	Min.
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	Housew.		'					Virgi	ni.	a.			US	A		
	13. FATHER'S NAME						14. /	NOTHER'S MAID	EN N	NAME						
	George 1	Linton						Meh	il	a - liin	ben-	Mars	hall			
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR		6. SOCIAL S	SECURITY NO	. 17. IN	IFORM.	ANT				Addre	15.5			
1	No			unk.		I	Hos	pital Re	CO	rds,	Sal:	isbury	, Md			
	18. CAUSE OF DEA	TH [Enter anly one co	ivse per	line far (a)	, (b), and (c).									INTI	ERVAL BE	TWEEN
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ac	deno_C	arcino	ma o	f B	reast wi	Lth	Meta	stas	es			yea	
	1 770	DUE TO)													
	Conditions, if a		1													
	gave rise to in cause (a), stating t)													
	lying cause last.	(6	:)													
	PART II OTH	ER SIGNIFICANT CON	DITION	S CONTRIBL	TING TO DE	ATH BUT	NOT R	ELATED TO THE T	ERMI	INAL DISEAS	SE COND	ITION GIVE	N IN PAR	T 1(a) 1	9 WAS PERFC	AUTOPSY RMED?
	3														YES 🗌	NO 🗗
	PANT II OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH	20b, D	ESCRIBE HO	W INJURY O	CCURRE	D. (Ente	r nature of injur	ry in I	Part I ar Pa	rt II of it	em 18.)				
		MEDICAL EXAMINER)							_	Υ						
	ZOc. TIME OF INJURY Hour a.m.		ar 20d. Whi	. INJURY O	CCURRED I while			INJURY (Hame reet, affice bldg.		t, 20f. (Cit	y ar tawi	1)	(County)		(State)
	р. m.	19	al w		wark 🗌											
	21. I certify tha	t _s (1) (this haspital								60 , ta.						
	saw the deceas	ed alive on J	1]27_	19	60, and	that d	leath	accurred at.	<u>5:]</u>	LAAMom	the co	uses and	d an the	e date	stated	abave
	220. SIGNATURE	4 4		6	/		- 1,	ATTENDING	AAI	ED	STAF	F			22	SIGNED
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	22c. PHY91CHAN'S NAME (Type)						1	2d. ADDRESS								763
		Lee L. Law	Ty,	M/D.				eer's H	<u>eac</u>					alis	bur	, Md
	230 BURIAL, CREMATION REMOVAL (Specify)		OF.		AME OF CEM							ity, tawn, a			(Stot	re)
	Burial	17-6-60			ethan	у м	eth	odist			1	e Ci			yla	nd
1	24 FUNERAL DIRECTOR'S	S SIGNATURE 1	1	1	DRESS	0 0	4 4			D BY REG S	TRAR	25b, REGIS	TRAR'S SI	THAM	R.F	
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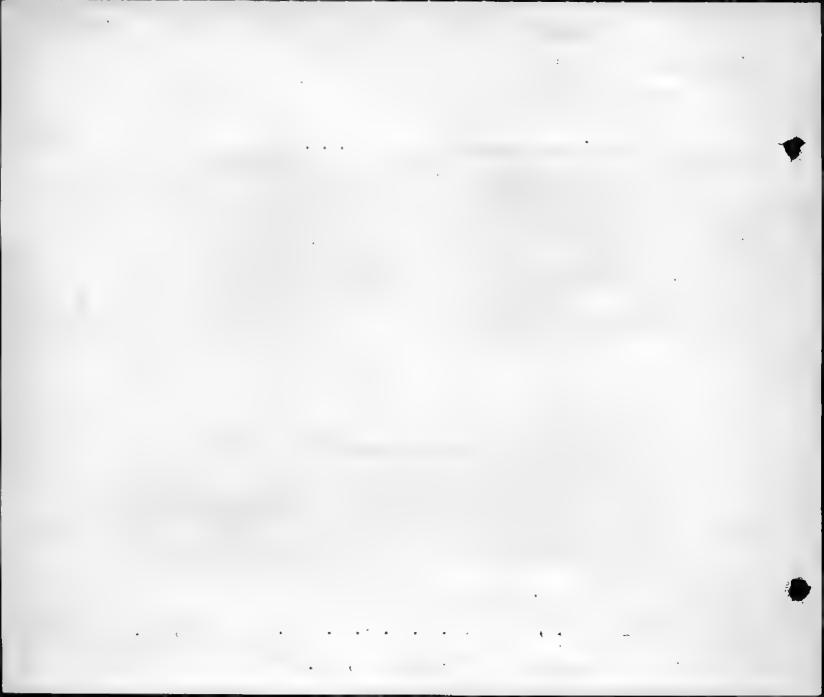


1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		8619 CERTIFICATE OF DEATH Reg. Dist. No. 08590
n. Page 4	7	PLACE OF DEATH a. COUNTY Wicomico MARYLAND USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico Waryland Wicomico
5 53 KA		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) C. LENGTH OF STAY IN 1b a c. "CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)
offer 2 sho		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D. 1 Parsonsburg d. STREET ADDRESS ON A FARM? YES & NO
in i		NAME OF First Middle Lost 4. DATE Manth Day Year OF DECEASED To Decease OF DeceaseD To Decease OF DeceaseD Dece
d within 2 letely fille s. Pages	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IPUNDER 1 YEAR IF UNDER 24 HIS last birthday) Months Days Hours Min.
executed and camp in paper death	100	USUAL OCCUPATION (Give kind of work done during most of working most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPTACE (State or Foreign country)
be ir be it be	13.	FATHER'S NAME
g physician remave car 2 haurs aft		WITTIAM Sadberry Mary Marshatt WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (If yes, give w/or or dotes of service)
ottending p ottending p n please re i within 72		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acrite gastro - enter ite: ONSET AND DEATH
that the obtained it. Then y event v		57 Due to felights itim
gned permi		gave rise to immediate cause (a), stating the under-lying cause last.
ohysician. Is been si al-tronsit oval, ond	CATION	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
AN: The anding I licate he burit ar remi	CERTIFIC	20g ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI II or ath iis certifi use as mation,	MED CAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a.m., P. m. 19 While al work all
haspita After It hed far rial, cre		21. I certify that I attended the deceased from Techy 21, 1961, to 19, that I last saw the deceased
ATTEN by the ECTOR: e detoc		ADDRESS (Street, city or, town, state) ACTUAL ACTUAL
TO HOSPITATE A ATTER May be retained by the TO FUNERAL DIRECTOR page 3 shauld be deto the registrar prior to be		PHYSICIAN'S RIE MARESCH
D HOSPITA may be reta D FUNERAL page 3 shau the registrar	Ι.	- BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State)
AS VIS (4)		FUNERAL DIRECTOR'S SIGNATURE ADDRESS
15M 9/58		Cinton of Stelleart falistry 4/1/0 DATE AUG 2 '60 Chilling S. Thank



M firecto	1, F	PLACE OF DEATH
P d	Ŀ	CITY OR TOWN (If outside RURAL and give nearest t
should	-	Salisbury
- xx (5		Pine Bluff
and and	3. P	NAME OF
y filed ages i death.		DECEASED Type or print)
Pages Pages r death	5 5	6 C
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trending physician and cample please remove carbon papers or any event, within 72 hours of	10a.	. USUAL OCCUPATION (Gr during most of working life
5 8 8	13.	Farmer FATHER'S NAME
ing physician te remove carl		
wit		heodore Schu WAS DECEASEDEVER IN U
Ph rem rent	{Yes	. no, or unknown) [If yes, (
ding 3se y ev		No Caller Or Death In
ottendi n pleas in any		18. CAUSE OF DEATH [6
the of Then ond ir		PART I, DEATH W/
± ± 5		O'STY
signed by		Conditions, if any, w gove rise to immed
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70000	MEDICAL CERT FICATION	20g ACCIDENT WAS UNI OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC
r atten certific e os th burial,	CAL	20c TIME OF INJURY Mo
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aspita fter the id far prior	_	
ERAL DIRECTOR: After this at 3 shauld be detached far use ate Board of Health prior to b		21. I certify that (I)
ined by the h DIRICTOR: A Uld be detache ard of Health		saw the deceased a 22° SIGNATURE
T d C d		0.1
d b		22c. PHYSICIAN'S
AL DIRIC Nauld be Board of		NAME (Type) Edw
3 sF	23~	BURIAL, CREMATION, 23
may be retained FUNERAL DIRE poge 3 shauld be the State Board o	230	REMOVAL (Specify)
E a a	24.	FUNERALDIRECTOR'S SIGN
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1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND						a. STATE b. COUNTY									
						Maryland Caroline									
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Salisbury d. NAME OF HOSPITAL (If not in hospito, give street address)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
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	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospito-, g	give street	address)			ll .	. STREET .			05	- y 0	1		FARM?
	Pine Bl	uff State	Hosp	ital			I	R.F.I). #2			<u></u>	K	YES Y	NO 🗌
3. 1	NAME OF DECEASED	Fir	rst		Middle			Lo	asi ta	4. DATE OF	Mai	oth	Doy	Y	roor room
(Type or print)		Nelson		William		Schulke		DEATH	July	30		1	960		
5 5	SEX	6 COLOR OR RACE	7. MARR	IED NEV	ER MARRI	ED 🔲	B DAT	TE OF BIRT	TH		9 AGE (In years last birthday)				R 24 HRS
	Male	White	WIDOWI	D 🗍	DIVORCE		pri	il 7,	, 1910)	50 yrs.	MONINS	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	KIND OF BU	JSINESS C	R INDU	STRY 1	1 BIRTHP	LACE (Stote	or foreign co	ountry)	12 CIT Z	ENOFY	VHATC	OUNTRY
	Farme	-		rming				Ma	rylan	nd		US	SA		
13.	FATHER'S NAME		•				14.	MOTHER'	S MAIDEN N	IAME					
rjn	heodore S	chulke						Ameli	ia Fle	ckens	tein				
15.	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SEC	URITY NO	. 17, IN	NFORM	IANT	-		Add	iress			
(Te	NO	If yes, give war or dates of s	1	one		Re	0001	rds o	of Pin	e Blu	ff Stat	e Hosi	oita	1	
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CERT	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CKIDE HOW	INJURY O	CCOKKE	D (Enn	er noivre	or injury in	101710-101	i i di nen ib.,				
S		Y Month, Doy, Ye		NJURY OCCI					(Home, form		or town)	(C	ounty)		(State
MEDICAL	Haur a.m.	19	While at wor	k □ at wor		-		9	to blog., etc						
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	22c. PHYSICIAN'S NAME (Type)	T becomb	nita	hinaa			1	22d ADDI		n Ma	ryland				
	<u> </u>	Edward P.						~~	Lanul						
230	BURIAL, CREMATIO		OF .		E OF CEM						TION (City, town,	or county)		(State	e)
	burial	Aug.2,1	960			U.	A.	M.	Cem.			Md.			
24.	FUNERAL DIRECTOR	S SIGNATURE	A	ADDR	ESS					D BY REGIST		ISTRAR'S SIG			
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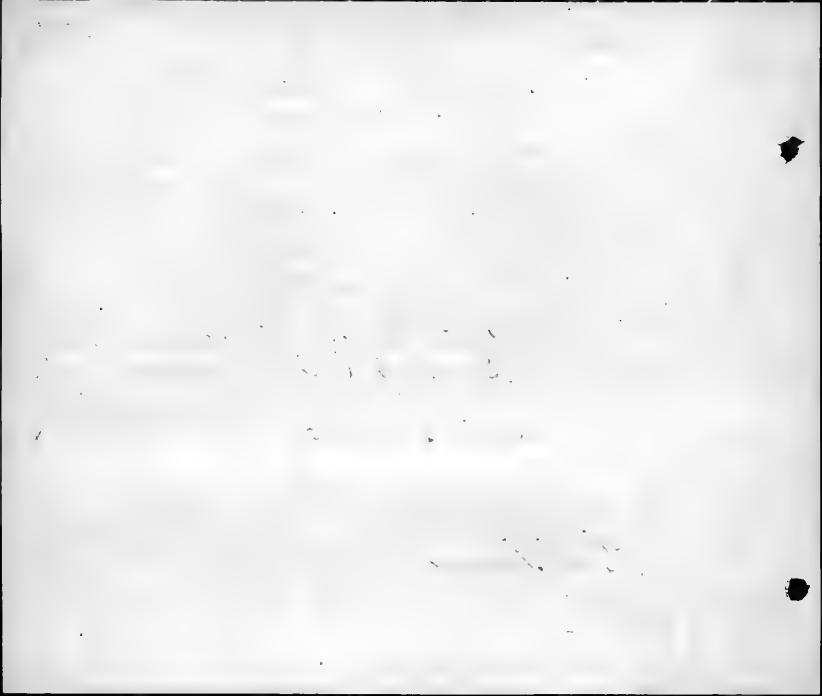
fer death Page 4

may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this serificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye again papers. Pages 1 and 2 should be filed—it the State Board of Health priar to burial, cremation, or remayal, and in any event within 7 hours after death.

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		LACE OF DEATH	icomico		MARY		2. USUAL RESIDEN o. STATE Mary		ere deceased	l lived. If institution b, COUNTY	_	ence befor		ion) /
		market to the	autside corparate limits,	write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If o	ulside corpa	rote límits, write R	URAL and	give ned	rest town)
	Salisbury, Maryland				1 mo. 3 d	lays	Princ	cess	Anne,	Farylan	d			
ń	d.	NAME OF HOSPITA	AL (If not in haspital, give	address)		d STREET ADDRESS			1 14	*		e IS RES	FARM?	
1		Deer's	Head State	Hosp	oital								YES NO	
	3 N	AME OF ECEASED	First		Middle				4. DATE OF	Mon	ith	Do	у	/ear
		ype or print)	Maggie		Irene	1	Sharrett		DEATH	July		16		9 60
	S. SE	X	6. COLOR OR RACE 7	MARRI	IED NEVER MARRI	ED 🔲 8.	DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDE Manths	R 1 YEAR	1F UNDE Hours	R 24 HRS Min.
	1	Female	White v	/IDOWE	D DIVORCE		Oct. 26,	, 18	69	90 yrs.	- Trication	0073	110013	791007.
	10a.	USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLAC	E (Stote	ar fareign co	ountry)	12, CI	TIZEN OF	WHATC	OUNTRY?
		Housewife			unk		Mar	yla	nd		}	USA		
	13 F	ATHER'S NAME					14. MOTHER'S M	AIDEN N	NAME					
		Willi	iam S. Devil	biss	5		Marj	r Ca	therin	e Kiefer				
			R IN U. S. ARMED FORCE	SOCIAL SECURITY NO	SOCIAL SECURITY NO. 17 INFORMANT				Address					
	1	unk			None	H	ospital I	Reco:	rds	Salisb	ury,	Md.		
	MEDICAL CERTIFICATION	PART I. DEA Conditions, if any gave rise to it couse (a), stoting lying cause lost. PART II. OTH 20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m., p. m. 21. i certify that saw the decease 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type)	mmediate the under DUE TO (c)_ LER SIGNIFICANT CONDING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 19 t (I) (this haspital) and on July Lee L. Lawry	20d. IN While at work	ONTRIBUTING TO DE CRIBE HOW INJURY OF White of work of the deceased of 1960, and the control of	ATH BJT N CCURRED. 20e. PLACE foote fram. J that de	(Enter nature of in the control of t	me, form	Port I or Pari	or lown) July 16, the causes ar STAFF X Maryland	, 19. nd on tl Jul	(County) 60 th	PERFO YES (I) (at (I) (at stated	AUTOPSY RMED? NO.
	230	BUR AL, CREMATIO REMOVAL (Specify)	N 236 DATE THEREOF		23c NAME OF CEM	ETERY OR	CREMATORY		23d LOCA	TON (City, tawn,	or county)	(Stot	e)
		Durial	7-19-60]		rest	yterier	1	Pr	incess			d.	
F	24. F	UNERAL DIRECTOR	S SIGNATURE	1	ADDRESS			_	D 8Y REGIST	TRAR 256, REGI			RE	
		Lecon	2 13 Mb16	ser.	Princess	Anne	, Md.	ATE J	H 21 1	ت 60	مساء	8 Kea	44	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8605 CERTIFICATE OF DEATH Rea, Dist. No With director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) Filed o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY, OR TOWN (If outside carporote limits, write RURAL and give regards town) ě RURAL and give nearest town) shauld 2ALISBUR e. IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR ANSTATUTION ON A FARM? 2 p UEI YES NO 🗖 TENERAL .= NAME OF Middle 4. DATE Day Year Month filled DECEASED DEATH (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX COLOR OF RACE 7. MARRIED NEVER MARRIED AGE (In years last birthday) Months WIDOWED M DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY duping most of working life, eya if retired) 12. CITIZEN OF WHAT COUNTRY? oug DUSE 13. FATHER'S NAME 5 physica 16. SOCIÁL SECURITY NO. INFORMANT attending | CAUSE OF DEATH [Enter only one cause per line (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while p. m. of work of work Marca 13, 190, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 5. A.M., from the causes and an the date stated above. tay be retained by the FUNERAL DIRECTOR: SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d LOCATION (City town, or county) BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) mach

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Q E Q (4) 15M 9/58

23 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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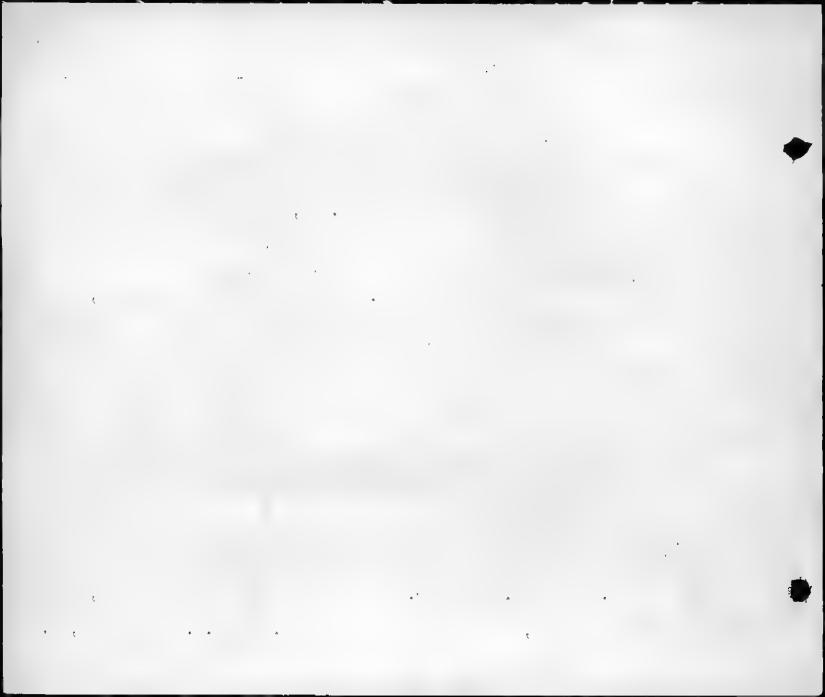
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	7 PLACE OF DEATH 0. COUNTY	1/4	MARYLAND	2 USUAL RESIDENCE O. STATE		l lived If institution b. COUNTY				
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		Salisbury		5	Stockton			*		
	d NAME OF HOSPITAL	L (If not in hospital, give stre	et oddress)	d. STREET ADDR	ESS		e	ON A FARM?		
2	OK INSTITUTION	Pen Gen Ho	sp	I	None			YES NO		
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	h Doy	Year		
	(Type or print)	LAURA		TAYLOR	DEATH	JULY	3r	d 1960		
1	5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH			IF UNDER TYEAR	IF UNDER 24 HRS		
	Female	2 22 2 2	WED DIVORCED	Dec. 31.	1879	last birthday) 80 yrs	Months Days	Hours Min.		
	100 USUAL OCCUPATION	(Give kind of work done 1)	%, KIND OF BUSINESS OR INDU					WHAT COUNTRY?		
	during most of working	g life, even if retired)					77 9			
	13. FATHER'S NAME	rk at Home	None	14. MOTHER'S MA	ton, Mar	yrand	d USA			
	Charles			Julia	Outter					
1		IN U.S. ARMED FORCES? yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Neal Tay	ylor(Hus	band)St	öckton,	Maryland		
		H [Enter anly one cause per	line for (a), (b), and (c),)				INTE	RVAL BETWEEN		
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	lying couse last.	(c)								
	PART II. OTHE	R SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	ETERMINAL DISEASI	CONDITION GIV	EN IN PART 1(a) 19	PERFORMED?		
								YES NO		
	OR CONTRIBUTING C	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of inj	ury in Port 1 or Part	II af item 18)				
	3 20c. TIME OF INJURY	Month, Day, Year 20d	. INJURY OCCURRED 20e. P	LACE OF INJURY (Hom	e, farm, 20f. (City	ar tawn)	(Caunty)	(State)		
	20c. TIME OF INJURY Hour a. m. p. m	N/A 19 Wh	iteN ANat while for	actory, street, affice bld	lg., elc.)	[/A				
			inded the deceased from.			/	19, the	at (I) (we) last		
	saw the decease	d alive on	19 , and that	death occurred at	t M. fram	the causes an	d an the date	stated above.		
	22a S GNATURE		7 1. /					226 DATE		
	alite Vic.	11 -	56h 1	M.D PHYS	MED DIRECTOR	STAFF PHYS	June	/1960		
	22c PHYSICIAN'S	15	1-11-12	22d. ADDRESS	DIRECTOR L	rnis Lr	Othio	71700		
	NAME (Type)	William H.	Fisher Jr.	Medica	al Cente	n Sal	ishurv	Maryland		
	52.									
	23a BURIAL, CREMATION REMOVAL (Specify)		23c NAME OF CEMETERY			ION (City, town, o		(State)		
	Burial	July 6,196	50 Smullen C	emetery(St. Luke)	H.D.# S	alisbur	y, Md.		
	24, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	250	REC'D BY REGIST			E		
	HOLLOWAY &	COMPANY -	SALISBURY MA	RYLAND DA	TETUL 7 '60	ant (Ing S. Fliance			

VR A15 (4) 15M 9/59

TO HOSPI

may be retained by the haspital ar attending physician.

mil.

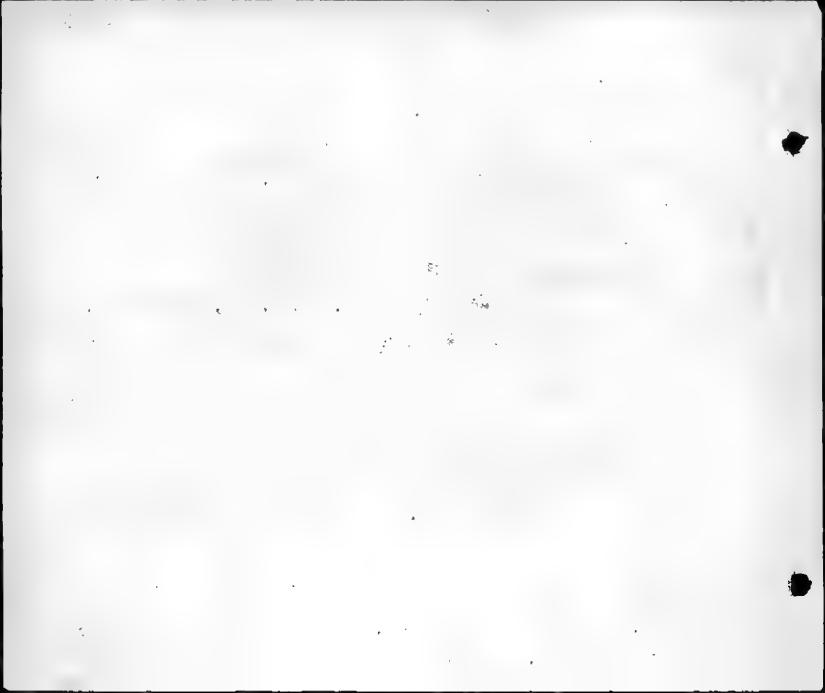


Sharn town.

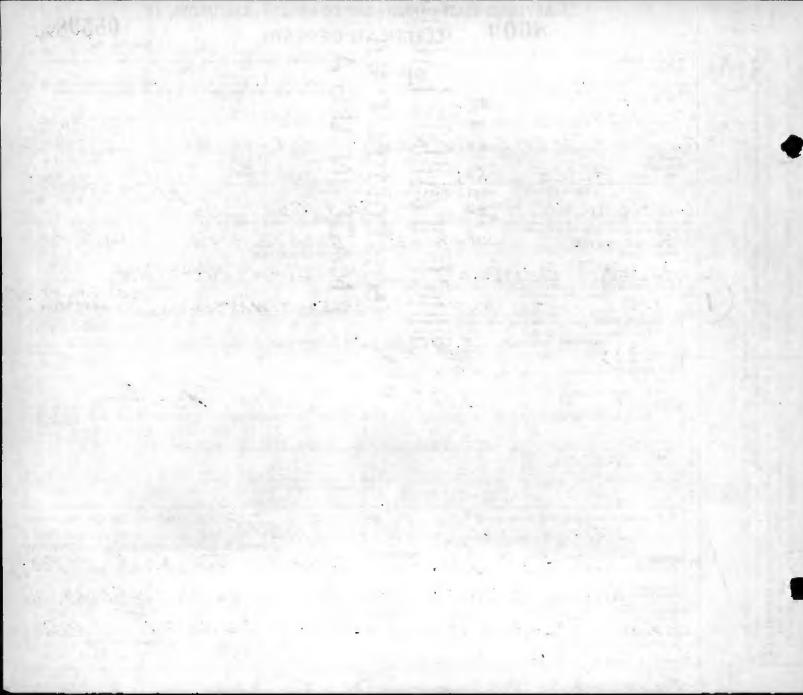
home.

15M 9/55





certificate



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
DH CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND,	2. USUAL RESIDENCE (W		lived. If institution b. COUNTY				
b. CITY OR TOWN (RURAL and give n	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Sali	outside corpore	te limits, write R	URAL and give ne	egrest town)		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give street Pen Gen Hos		d. STREET ADDRESS	E. W11	liam S	t	ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	JAMES	Middle CAREY	WILLIAMS	4. DATE OF DEATH	JULY		1 150		
5. SEX Male	6. COLOR OR RACE 7. MAR		Nov. 7,188	1	AGE (In years last birthday) 70 yrs.	Months Days	R IF UNDER 24 HR Hours Min.		
Retired	ON (Give kind of work done 19b. king life, even if retired) Painter	Painting?	Berlin,	Maryla	**	12. CITIZEN O	S A		
George L	. Williams		Ruth A.						
15. WAS DECEASED EVI (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		r Lee C.Col	lins(C	ousin)	105 New	York		
Conditions, if a gove rise to couse (a), storing lying cause lost. Past II. OT	mmediate DUE TO	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	/EN IN PART 1(0)	19. WAS AUTOPS!		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORMANCE OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AND CONTRIBUTING AND CONTRIBUTING AND CONTRIBUTING AND CONTRIBUTION OF									
WE OF INJUI	RY Month, Doy, Year 20d. I While		LACE OF INJURY (Home, far octory, street, office bldg., et		or town)	(County) (Stote		
21. 1 certify the saw the decea	at (1) (this haspital) attended	ded the deceased fram 71960, and that	death accurred at 1		he couses an	d an the date	hat (I) (we) last e stated above 22b, DATE		
27c. PHYSICIAN'S NAME (Type)	Dr. Andrew C. P	1 Titchell	M.D. ATTENDING X A PHYS. 22d. ADDRESS Maryland	Ave.	Salis	July 1 bury,Ma	5 /1966 arvland		
230. BURIAL, CREMATION REMOVAL (Specify		23c. NAME OF CEMETERY		23d. LOCATI	ON (City, town,		(Stote)		
24, FUNERAL DIRECTOR		ADDRESS SALTSBURY M	ARYTAND DATE	D BY REGISTR	A8 256. REGI	STRAR'S SIGNATI	URE		

